

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016298

1. Entity Name

PIZZARELLO EYE CARE, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

Walmart Vision Center

3. Mailing Address

Pizzarello Eye Care, L.L.C.

Suite, Apt. #, etc.

19910 Bruce B. Downs Rd.

Suite, Apt. #, etc.

7208 Lakes Divide Rd

City & State

Tampa, FL

City & State

Tempe Terrace, FL

Zip

33647

Country

USA

Zip

33637

Country

US

4. FEI Number

65-1088865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

William F. Gallese, esquire
8000 S. Federal Hwy, Suite 301
Port St. Lucie, FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Corporate officer - Owner
Carl Pizzarello, O.D.
7208 Lakes Divide Rd.
Tempe Terrace, FL 33367 33637

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200004193802--6

-05/10/01--01102--014

*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Carl Pizzarello, O.D.

Carl Pizzarello, O.D.

4-15-01

561-878-3940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)