

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90161 044 \*\*\*150.00

**00038457**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L86614**

1. Entity Name  
**SIDNEY J. STERN VISUAL HEALTH CLINICS OF BROWARD**

Principal Place of Business <b>8732 SUNSET DRIVE MIAMI FL 33173</b>	Mailing Address <b>2 S UNIVERSITY DR 215 PLANTATION FL 33324 US</b>
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>65-0697607</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**LYNN, BRIAN CPA  
TWO SOUTH UNIVERSITY DRIVE  
SUITE 215  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Brian C Lynn, CPA, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2 South University Dr. Ste #215**  
City **Plantation** FL Zip Code **33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STERN, SIDNEY J. 2013 FISHWE ISLAND DRIVE FISHER ISLAND FL 33109</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD STERN-SKLAR, JODI 9257 EMERSON AVE MIAMI FL 33154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **Dr. Sidney Stern**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/01** Date **(305) 991-8370** Daytime Phone #

CR2E034 (10/00)