May 10 01 08:36a Talieson Adv/Odin Dist

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
04-30-2001 90004 023 ***158.75

DOCUMENT # P00000005380

1. Entity Name
OMNI EYE INSTRUMENT, INC.

Principal Place of Business	Mailing Address
~~10300 SUNSET DRIVE, SUITE 405 MIAMI FL 33173~~	~~10300 SUNSET DRIVE, SUITE 405 MIAMI FL 33173~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7220 NW 36 St	7220 NW 36 st
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200
City & State Miami - FL	City & State Miami - FL
Zip 33166 Country	Zip 33166 Country

4. FEI Number 65-0987870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAHAMONDE, EDUARDO JOSE ~~10300 SUNSET DRIVE, SUITE 405~~ ~~MIAMI FL 33173~~	Name Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 St #200 City Miami FL Zip Code 33166

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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

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. ☐ Check **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☑ Delete
NAME	BAHAMONDE, EDUARDO JOSE	
STREET ADDRESS	~~10300 SUNSET DRIVE, SUITE 405~~	
CITY-ST-ZIP	~~MIAMI FL 33173~~	
TITLE	S	☑ Delete
NAME	ROMERO, ISABEL	
STREET ADDRESS	~~10300 SUNSET DRIVE, SUITE 405~~	
CITY-ST-ZIP	~~MIAMI FL 33173~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☐ Addition
NAME	Bahamonde, Eduardo Jose	
STREET ADDRESS	7220 NW 36 St #200	
CITY-ST-ZIP	Miami - FL - 33166	
TITLE	S	☐ Change ☐ Addition
NAME	Romero, Isabel	
STREET ADDRESS	7220 NW 36 st #200	
CITY-ST-ZIP	Miami - FL 33166	
TITLE		☐ Change ☑ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: _____ 4/23/01 3054638201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #