

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90128 030 \*\*\*150.00

DOCUMENT # P00000069561

1. Entity Name

ALCON MIAMI CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

152 NE 167 STREET

3. Mailing Address

152 NE 167 STREET

Suite, Apt. #, etc.

#405

Suite, Apt. #, etc.

#405

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-1027966

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TU, DAVID J

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

3001 SW 3RD AVENUE

City

MIAMI

FL

Zip Code

33129

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's signature required when reappointing)

DATE

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

January 15, May 15 Fee is \$150.00  
After May 15 Fee is \$550.00  
Amended UBR is \$6125.00  
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	D
NAME	RAMIREZ, FERNANDO
STREET ADDRESS	4TH FLR NO 480-5 SEC 6 YEN
CITY- ST- ZIP	SHIN LIN TAIWAN ROC
TITLE	D
NAME	LU, RICKEY
STREET ADDRESS	4TH FLR NO 480-5 SEC 6 YEN
CITY- ST- ZIP	SHIN LIN TALPEI TAIWAN ROC
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30 / 02

**COPY**

CR2E034B (12/01)

Attachment  
# P00000069561  
121772

**U.S. Postal Service Delivery Confirmation Receipt**

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

Division of Corporations  
Uniform Business Report  
PO Box 1500  
Tallahassee, FL 32302-1500

DELIVERY CONFIRMATION NUMBER: 0300 1250 0000 2585 6663

Postmark Here

APR 30 2002

2002 Annual Report

POSTAL CUSTOMER:  
Keep this receipt. For inquiries: Access  
Internet web site at [www.usps.com](http://www.usps.com)  
or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

☐ Priority Mail

☒ Standard Mail (B)

(See Reverse)

PS Form 162, March 1999

*Attachment*  
*# 700000069561*  
*121772*

**ALCON MIAMI CORP.**  
**152 NE 167 STREET #405**  
**NORTH MIAMI BEACH, FL 33162**

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July 12, 2002

Dear Sir or Madam,

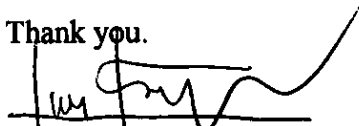
We received your 2<sup>nd</sup> notice for the 2002 Uniform Business Report today. Please note that we mailed the 2002 Uniform Business Report and a check for \$150.00 on April 30, 2002. (See copy of U.S. Postal Service Delivery Confirmation Receipt.)

We have checked our bank statement and found that the check has not cleared, so we are sending you a replacement check. We will stop payment on the first check.

Enclosed is a copy of the form that we mailed to you on April 30, 2002.

Thank you for your cooperation in this matter.

Thank you.

  
Fernando Ramirez