


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 016 ***150.00

DOCUMENT # <u>P01000093214</u>	
1. Entity Name <u>RX 20/20, Inc.</u>	

DO NOT WRITE IN THIS SPACE

70053985

2. Principal Place of Business <u>1691 Harborside DR.</u> Suite, Apt. #, etc.	3. Mailing Address <u>1691 Harborside DR.</u> Suite, Apt. #, etc.
City & State <u>Weston, FL</u>	City & State <u>Weston, FL</u>
Zip <u>33326</u>	Zip <u>33326</u>
Country <u>United States</u>	Country <u>United States</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1154419</u>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>Jennifer M. Piedra</u> Street Address (P.O. Box Number is Not Acceptable) <u>5394 SW 119 Ave</u> City <u>Cooper City</u> FL Zip Code <u>33330</u>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

[Signature]
(NOTE: Registered agent signature required when reinstating)

4-28-03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE <u>P.T.S. VP</u>	TITLE
NAME <u>Manuel Vasquez</u>	NAME
STREET ADDRESS <u>1691 Harborside DR.</u>	STREET ADDRESS
CITY-ST-ZIP <u>Weston, FL 33326</u>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP

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12. 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 of 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)