

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107776

1. Entity Name
ORTHO & OPTICAL MEDICAL CORP.

Principal Place of Business
12486 SW 8 ST
MIAMI, FL 33184
SUITE A

Mailing Address
12486 SW 8 ST
SUITE A MIAMI, FL
33184

2. Principal Place of Business
12486 SW 8 ST
Suite, Apt. #, etc. A

3. Mailing Address
12486 SW 8 ST
Suite, Apt. #, etc. A

City & State
MIAMI FL

City & State
MIAMI, FL

Zip Country
33184 USA

Zip Country
33184 USA

FILED
02 JAN -2 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSE L. NAPOLES
1555 W 44 PL APT 305
TALLAHASSEE, FL 33012

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  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, 2004 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

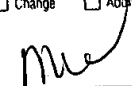
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	JOSE L. NAPOLES	1555 W 44 PL APT 305	TALLAHASSEE, FL 33012
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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****158.75 ****158.75



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:  JOSE L. NAPOLES