

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90169 047 ***150.00

DOCUMENT # P02000045748

1. Entity Name
EYE OPENERZ, P.A.



Principal Place of Business
**5300 N.W. 33RD AVE., STE. 220
FT. LAUDERDALE FL 33309**

Mailing Address
**5300 N.W. 33RD AVE., STE. 220
FT. LAUDERDALE FL 33309**

30033804



2. Principal Place of Business
10441 NW 6 Court
Suite, Apt. #, etc.

3. Mailing Address
10441 NW 6 Court
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs, FL
Zip
33071-6879

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Coral Springs, FL
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33071-6879

4. FEI Number
03-0434217

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BHUTA, PRIYA
5300 N.W. 33RD AVE., STE. 220
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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

10441 NW 6 Court
City **Coral Springs** **FL** Zip Code **33071**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BHUTA, PRIYA 5300 N.W. 33RD AVE., STE. 220 FT. LAUDERDALE FL 33309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHUTA, PRIYA 5300 N.W. 33RD AVE., STE. 220 FT. LAUDERDALE FL 33309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10441 NW 6 Court Coral Springs, FL 33071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10441 NW 6 Court Coral Springs, FL 33071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)