

FILED

03 SEP 10 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000053241

1. Entity Name
TOTAL VISION CARE GROUP, INC.Principal Place of Business
707 NW 57TH AVENUE
MIAMI, FL 33145Mailing Address
707 NW 57TH AVENUE
MIAMI, FL 33145900023020829
09/12/03-01055-005 **61.25

2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2042902
5. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

VELIS, VIDAL M ESQ.
C/O JESUS BUJAN ESQ.
782 NW LEJUNE ROAD STE 630
MIAMI, FL 33128Name **Lynn Labarta**
Street Address (P.O. Box Number is Not Acceptable)
1033 Lenox Ave #203
Miami Beach, FL 33139
City **FL** Zip Code

6. 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 *Lynn Labarta* VP. 9-3-03 DATEFILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LABARTA, LARRY 707 NW 57TH AVENUE MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Lynn Labarta 1033 Lenox Ave #203 Miami Beach, FL 33139 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZERON, FREDDY 707 NW 57TH AVENUE MIAMI, FL 33145 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, ABEL 707 NW 57TH AVENUE MIAMI, FL 33145 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied in this filing does not qualify for an exemption stated in Section 119.07(3)(f), 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 609, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn Labarta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9-3-03 305-263-9050

7/9/10

\$61.25