

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90065 049 ***150.00

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1. Entity Name

ALL EYE EXAMS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1673 N. HIATUS RD

Suite, Apt. #, etc.

3. Mailing Address

1004 N.E. 204 Terr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

47-0947759

Applied For

Not Applicable

Zip

33026

Country

U.S.A.

Zip

33179

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MAGALIE P. GENNA

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

1004 N.E. 204 TERRACE

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

Magalie P. Genna

3/29/05

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

(NOTE: Registered Agent signature required when registering)

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: PRESIDENT
 NAME: Luc - Hughes GENNA
 STREET ADDRESS: 1004 N.E. 204 TERR
 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33179

TITLE: VICE PRESIDENT
 NAME: MAGALIE P. GENNA
 STREET ADDRESS: 1004 N.E. 204 TERRACE
 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33179

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**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MAGALIE P. GENNA *Magalie P. Genna* 3/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name #

20041 BRU3630