

2000 UNIFORM BUSIN' S REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000056448**

00 MAY 26 AM 11:12

1. Entity Name
SIDNEY J. STERN VISUAL HEALTH CENTER OF DADE, IN

Principal Place of Business Mailing Address
8732 SUNSET DR MIAMI FL 33173
TWO S. UNIVERSITY DRIVE SUITE 215 PLANTATION FL 33324-3338 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suits, Apt. # etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
4. FEI Number **65-0697606** Applied For Not Applied
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LYNN, BRYAN CPA
TWO SOUTH UNIVERSITY DRIVE
SUITE 215
PLANTATION FL 33324**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Sign in ink. Typed or printed name of registered agent and title if applicable.

9. This corporation is obliged to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
FILE NOW!!! FEES MAY 1, 2001

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STERN, SIDNEY J DR 8732 SUNSET DR MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 100003309471--4 -06/30/00--01014--009 ***306.25 ****\$1.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add VP, TRUSTMAN, DIRECTOR 3001 STERN - SHER 9257 EMERSON AVE MIAMI FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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

SIGNATURE: Sidney Stern Date: 5/23/2000 954-474-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.O. Box (Info only)
2001