

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056448

1. Entity Name

SIDNEY J. STERN VISUAL HEALTH CENTER OF DADE, IN

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90161 043 ***150.00

Principal Place of Business

Mailing Address

8732 SUNSET DR
MIAMI FL 33173

TWO S. UNIVERSITY DRIVE
SUITE 215
PLANTATION FL 33324
US

UUUJ0430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0697606

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, BRYAN CPA
TWO SOUTH UNIVERSITY DRIVE
SUITE 215
PLANTATION FL 33324

Name *Brian C. Lynn, CPA, P.A.*
Street Address (P.O. Box Number is Not Acceptable)

2 South University Dr. Ste #215
City *Plantation Fla.* FL Zip Code *33324*

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STERN, SIDNEY J DR
STREET ADDRESS 8732 SUNSET DR
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPTD
NAME STERN-SKLAR, JODI
STREET ADDRESS 9257 EMERSON AVE
CITY-ST-ZIP MIAMI FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Sidney Stern

3/5/01 (30) VN-8370
Date Daytime Phone #

CR2E034 (10/00)