

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077624

1. Entity Name

21ST CENTURY VISION, INC.

FILED

Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90037 003 ***550.00

Principal Place of Business

9200 S. DADELAND BLVD.
SUITE 617
MIAMI FL 33156

Mailing Address

9200 S. DADELAND BLVD.
SUITE 617
MIAMI FL 33156

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 65-0595971

Applied For

Not Applicable

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

WOLASKY, MARJORIE E
~~7109 S.W. 102ND AVENUE~~
~~MIAMI FL 33173~~

Name

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

9400 S. Dadeland Blvd
Suite 300

City

FL

Zip Code 33156

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D ☐ Delete
NAME FEILER, JEFFREY E
STREET ADDRESS 9200 S. DADELAND BLVD., SUITE 617
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete
NAME SILVERMAN, WAYNE
STREET ADDRESS 180 HILTON AVENUE, SUITE D-4
CITY-ST-ZIP HEMPSTEAD NY 11550

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7635 SW 104 ST, STE 200
CITY-ST-ZIP Miami, FL 33156

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00

Date

305 670-7700

Daytime Phone #

CR2E034 (5/00)