

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90037 003 \*\*\*550.00

**DOCUMENT # P94000077624**

1. Entity Name  
**21ST CENTURY VISION, INC.**

Principal Place of Business 9200 S. DADELAND BLVD. SUITE 617 MIAMI FL 33156	Mailing Address 9200 S. DADELAND BLVD. SUITE 617 MIAMI FL 33156
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00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>65-0595971</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOLASKY, MARJORIE E**  
~~7103 S.W. 102ND AVENUE~~  
~~MIAMI FL 33173~~

Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>9400 S. Dadeland Blvd</b>
	<b>Suite 300</b>
City	<b>Miami</b>
State	<b>FL</b>
Zip Code	<b>33156</b>

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 \_\_\_\_\_

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEILER, JEFFREY E</b>	NAME	
STREET ADDRESS	<del>9200 S. DADELAND BLVD., SUITE 617</del>	STREET ADDRESS	<b>7685 SW 104 ST, STE 200</b>
CITY-ST-ZIP	<del>MIAMI FL 33156</del>	CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVERMAN, WAYNE</b>	NAME	
STREET ADDRESS	<del>180 HILTON AVENUE, SUITE D-4</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>HEMPSTEAD NY 11550</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Silberman **SIGNATURE REQUIRED** 8/25/00 305 670-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)