

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90094 047 ***150.00

DOCUMENT # P95000022249

1. Entity Name

SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

Principal Place of Business

Mailing Address

6018 SW 18TH ST
 #C2
 BOCA RATON FL 33433
 US

6592 PATIO LANE
 BOCA RATON FL 33433-6605
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0580048**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVIC, ES
 MIAMI CENTER
 201 S. BISCAYNE BLVD., STE 3000
 MIAMI FL 33131**

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

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, 2000 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 Delete
 NAME **PD GARONZIK, NICOLE**
 STREET ADDRESS **6592 PATIO LANE**
 CITY-ST-ZIP **BOCA RATON FL 33438**

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S GARONZIK, PEARL**
 STREET ADDRESS **SEDFIELD TERR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T GORDON, SANDI**
 STREET ADDRESS **8241 CASSIA TERR**
 CITY-ST-ZIP **TAMARAC FL 33231**

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T GORDON, SANDI**
 STREET ADDRESS **8241 CASSIA TERR**
 CITY-ST-ZIP **TAMARAC FL 33231**

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Additor
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TITLE Change Additor
 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: *Nicole Garonzik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #