

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90191 047 ***150.00

DOCUMENT # P95000060723

1. Entity Name
SOUTH FLORIDA OPHTHALMICS, INC.

Principal Place of Business

**9453 AEGEAN DRIVE
 BOCA RATON FL 33496
 US**

Mailing Address

**9453 AEGEAN DRIVE
 BOCA RATON FL 33496
 US**

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 **45-0640369**

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

**LA FEVERS, LUCIA
 9453 AEGEAN DRIVE
 BOCA RATON FL 33496**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

TITLE **P** ☐ Delete
 NAME **LA FEVERS, LUCIA**
 STREET ADDRESS **9453 AEGEAN DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: LUCIA FEVERS (President) 7/2/02 (561) 482 9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

July 2, 2002

Attachment
Document #
P95000060723

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: South Florida Ophthalmics, Inc.
FEI No. 45-0640369
Document No. P95000060723

To Whom It May Concern:

This letter is to inform you that this corporation, South Florida Ophthalmics, Inc., did not receive the first notice regarding the Uniform Business Report from the Florida Department of State-Division of Corporations.

Due to this, I am respectfully requesting the late fee be waived. This current copy was received yesterday. I am including the payment for \$150.00.

Your attention and consideration is greatly appreciated. The current address that is on this report is correct and up-to-date. Should you need to contact me, I may be reached at (561) 482-9551.

Sincerely,



Lucia La Fevers
President
South Florida Ophthalmics, Inc.