2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000068437 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** LA MODERNA OPTICAL CENTER CORPORATION 03-24-2000 90121 027 ***150.00 Principal Place of Business Mailing Address 1280 W. FLAGLER ST. 1280 W. FLAGLER ST. MIAMI FL 33135 MIAMI FL 33135-2420 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0606432 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ٠. ----PEREZ, MAGALY T Street Address (P.O. Box Number is Not Acceptable) 1280 W. FLAGLER ST. **MIAMI FL 33135** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Addition Change TITLE ☐ De'ete TITLE PEREZ, MAGALY T NAME 4440 S.W. 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33134** ☐ Addition VSD Change ☐ Delete TITLE TITLE PEREZ, JUAN C NAME NAME 4440 S.W. 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-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.

MAGALY T PEREZ

SIGNATURE: