2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000032455 Feb 16, 2000 8:00 am **Secretary of State** INSIGHT VISION SERVICES, INC. 02-16-2000 90019 049 ***150.00 Mailing Address Principal Place of Business 285 W. 74TH PL. 285 W. 74TH PL. HIALEAH FL 33014-5058 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0774851 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME WOLMAN, PHILIP STREET ADDRESS STREET ADDRESS 285 W. 74TH PL. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change □ Addition ☐ Delete TITLE TITLE NAME WOLMAN, CYNTHIA STREET ADDRESS STREET ADDRESS 285 W. 74TH PL. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☐ Addition TITL F ☐ Delete TITLE NAME MARTIN, JEFFRY NAME STREET ADDRESS STREET ADDRESS 285 W. 74TH PL. J CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☐ Addition ☐ Delete TITLE NAME MESSA, ROBERT NAME STREET ADDRESS STREET ADDRESS 285 W. 74TH PL. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fing 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if