

2000 UNIFORM BUSINESS REPORT (UBR)

0355775

DOCUMENT # P97000051167

1. Entity Name

MEDICAL OPTICS, INC.

FILED

00 MAR 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

21218 ST ANDREWS BLVD. SUITE 229
BOCA RATON FL 33433

21218 ST ANDREWS BLVD. SUITE 229
BOCA RATON FL 33433-2435

2. Principal Place of Business

3. Mailing Address

559 SAWGRASS CORPORATE PARKWAY
Suite, Apt. #, etc.

559 SAWGRASS CORPORATE PARKWAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

4. FEI Number

65-0741369

Applied For

Not Applicable

Zip
33325

Country
U.S.A.

Zip
33325

Country
U.S.A.

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

Name

Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

1500 Miami Center

City

Miami

FL

Zip Code
33131

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.

Corporation Company of Miami

SIGNATURE By: Laraine A. Landau, Assistant Secretary

March 16, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	D MALVASIO, FRANK 20889 ST ANDREWS BLVD, SUITE 1 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOVOU, MARIA 12887 PACKWOOD RD JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S MALVASIO, FRANK 5327 PARK PLACE CIRCLE BOCA RATON, FLORIDA 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/00 (954) 838-8600
Date Daytime Phone #

CR2E034 (9/99)