

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000094342**

1. Entity Name

AVENTURA EYE ASSOCIATES, P.A.

Principal Place of Business

1241 N.W. 100TH WAY
PLANTATION FL 33322

Mailing Address

1241 N.W. 100TH WAY
PLANTATION FL 33322

2. Principal Place of Business

Suite, Apt., etc.
1200

3. Mailing Address

Suite, Apt., etc.
Suite 1200

City & State

Coral Gables

City & State

FL 33134

Zip

33134

Country

USA

Zip

33134

Country

USA

6. Name and Address of Current Registered Agent

SMALL, DEBORAH O.D.
1241 N.W. 100TH WAY
PLANTATION FL 333221335 St Trupez Circle
APT 108
Weston FL 33324

4. FEI Number

65-0790190

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Small, D.P.

DEBBIE SMALL

9-1-00

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, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, DEBORAH O.D.	
STREET ADDRESS	1241 N.W. 100TH WAY	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SMALL, DEBORAH O.D. DEBBIE SMALL

Date

Daytime Phone #

9-1-00 954 659-2277



DO NOT WRITE IN THIS SPACE

FILED

00 SEP 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E034 (5/00)

KE