

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106174

1. Entity Name

CENTER OPTICAL H.K., INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90159 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2 NE 40 ST  
STE 201  
MIAMI FL 33137  
US

Mailing Address  
2 NE 40 ST  
STE 201  
MIAMI FL 33137-3540  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0802118

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

VALDES, JORGE  
9485 S.W. 72ND ST., STE. A-240  
MIAMI FL 33173

Name SOLOMON A. OVADIA

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

2 NE 40 STREET

City MIAMI

FL

Zip Code 33137

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

SOLOMON A. OVADIA, PRESIDENT 4/5/00

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 DVS  
NAME VALDES, JORGE  
STREET ADDRESS 2 NE 40 STREET - 5TH FLOOR  
CITY-ST-ZIP MIAMI FL 33137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP  
NAME OVADIA, SOLOMON  
STREET ADDRESS 2 NE 40 ST - 5TH FLOOR  
CITY-ST-ZIP MIAMI FL 33137

TITLE  
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CITY-ST-ZIP

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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 OF SOLOMON A. OVADIA 4/5/00 305 573-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)