

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009690

1. Entity Name

ANOTHER EYE, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90095 029 ***150.00

Principal Place of Business

2151 WEST HILLSBORO BLVD SUITE 213
DEERFIELD BEACH FL 33442

Mailing Address

2151 WEST HILLSBORO BLVD SUITE 213
DEERFIELD BEACH FL 33442-1275

LU041012

2. Principal Place of Business

6677 Stratford Drive

Suite, Apt. #, etc.
Parkland

City & State
Florida

3. Mailing Address

6677 Stratford Drive

Suite, Apt. #, etc.
Parkland

City & State
Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0820525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSS, JUNE FRAMER
6677 STRATFORD DRIVE
PARKLAND FL 33067

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

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

TITLE PD
NAME MOSS, JUNE FRAMER
STREET ADDRESS 6677 STRATFORD DRIVE
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

1/8/2000

Date

(954) 614 0643

Daytime Phone #

CR2E034 19/99