

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023808

1. Entity Name
OPTOMED, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90021 006 ***150.00

Principal Place of Business

Mailing Address

5200 BLUE LAGOON DR
STE 760
MIAMI FL 33126

5200 BLUE LAGOON DR
STE 760
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6303 Blue Lagoon Drive

6303 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 170

Suite 170

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33126

33126

4. FEI Number 65-0842656

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

RUIZ, ELISEO
5200 BLUE LAGOON DR SUITE 760
MIAMI FL 33131

Name
RUIZ ELISEO

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

6303 Blue Lagoon Dr Suite 170

City

MIAMI MIAMI

FL

Zip Code

33126

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, 2001 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
RUIZ, ELISEO
733 N SHORELINE BLVD
MOUNTAIN VIEW CA 94043 ☐ Delete

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

TITLE
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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

Date

Daytime Phone #

CR2E034 (10/00)