

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024378

1. Entity Name

FAMILY EYE CARE CENTER INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90964 009 ***150.00

Principal Place of Business

Mailing Address

1593 N.W. 182ND WAY
PEMBROKE PINES FL

1593 N.W. 182ND WAY
PEMBROKE PINES FL 33029-3092

2. Principal Place of Business

3. Mailing Address

15600 NW 67th Ave

15600 NW 67th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

210

City & State

City & State

MIAMI LAKES FL

MIAMI LAKES FL

Zip

Country

Zip

Country

33014

MIAMI-DADE

33014

MIAMI-DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACUNA, ADALBERTO B
1593 N.W. 182ND WAY
PEMBROKE PINES FL

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ACUNA, ADALBERTO B
1593 N.W. 182ND WAY
PEMBROKE PINES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 #

4/27/00 (305) 825-2020

CR2E034 (9/99)