## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000027572**

DR. MASSIMO R. GRAMANZINI, O.D., P.A.



Principal Place of Business Mailing Address 3200 NORTH OCEAN DRIVE 3200 NORTH OCEAN DRIVE #106 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0839159 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAMANZINI, MASSIMO R Street Address (P.O. Box Number is Not Acceptable) 3200 NORTH OCEAN DRIVE #106 HOLLYWOOD FL 33019 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change ☐ Addition TITLE GRAMANZINI, MASSIMO R NAME STREET ADDRESS 3200 NORTH OCEAN DR. #106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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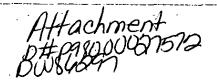
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address with all ether like empowered.





Sewell and Company, PA Certified Public Accountants

September 11, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Dr. Massimo R. Gramanzini, O.D., P.A.

FEIN 65-0839159 Family Eye Center, Inc. FEIN 65-0918470

Dear Sir:

The taxpayer referenced above recently received the enclosed notifications from your office that both of his corporations were dissolved for failure to file the 2000 Uniform Business Report. We have researched this matter and found that the taxpayer filed the original UBR in February 2000 for both of his corporations. As of this date, the cancelled checks have not cleared his bank. This taxpayer is very diligent in filing all tax and government related forms and has always filed and paid timely in the past. Apparently, for some unknown reason, the 2000 UBR forms and the accompanying checks were never received in your office for either Dr. Massimo R. Gramanzini, O.D., P.A., or Family Eye Center, Inc.

Enclosed are two checks for \$150.00 each, payment for the original filing fees for the year 2000. Due to the taxpayer's certainty that both forms were filed on time and no checks have cleared the bank, as well as the excellent filing history of timely filing of the corporation annual reports in previous years, we respectfully request your-consideration in waiving the reinstatement fees for both Dr. Massimo R. Gramanzini, O.D., P.A., and Family Eye Center, Inc.

Thank you for your cooperation in this matter.

Very truly yours,

Thomas E. Sewell, C.P.A.

SEWELL AND COMPANY, PA

TES/dl Encl.

7705 Davie Road Extension • Hollywood, Florida 33024 CC: Massimo Gramanapsa) 482-3100 • Dode (305) 620-0616 • Fox (954) 436-6893