

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90047 037 \*\*\*150.00

**DOCUMENT # P98000035720**

1. Entity Name  
**AVENTURA EYE CARE, P.A.**

Principal Place of Business 19501 BISCAYNE BLVD. #1289 AVENTURA FL 33180	Mailing Address 19501 BISCAYNE BLVD. #1289 AVENTURA FL 33180-2342
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
<i>same</i>		<i>same</i>	



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0834020</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GLAZE, ERIC ESQ.**  
**1920 E. HALLANDALE BCH BLVD**  
**HALLANDALE FL 33009**

Name <i>Ira L. Kahn, Esq., C.P.A.</i>
Street Address (P.O. Box Number is Not Acceptable) <i>18 N.E. 2nd Ave</i>
<i>Dania FL 33004</i>
City <b>FL</b> Zip Code <i>33004</i>

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]* *[Signature]* **1/29/00**  
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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	POSEY, JOANNE J 19501 BISCAYNE BLVD. #1289 AVENTURA FL 33180		
VD	POSEY, JON T 19501 BISCAYNE BLVD. #1289 AVENTURA FL 33180		

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]* **1/29/00** **935-9443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)