## 2001 UNIFORM BUSINESS REPORT (UBR)

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## FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P98000035720 AVENTURA EYE CARE, P.A. 02-21-2001 90054 025 \*\*\*150.00 Principal Place of Business Mailing Address 19501 BISCAYNE BLVD. #1289 19501 BISCAYNE BLVD. #1289 AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0834020 City & State Not Applicable Country \$8.75 Additional Zip Country Zip Certificate of Status Desired Fee.Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent "<del>Kohr, Ira L'Es</del>q (P.O. Box Number is Not Acceptable) 184 E 2ND AVE-DANIA FL 33004 ania 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. Not Changed Just corrected SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign:Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITI F POSEY, JOANNE J NAME NAME STREET ADDRESS 19501 BISCAYNE BLVD. #1289 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Addition Change VD ☐ Delete TITLE TITLE POSEY, JON T NAME NAME 19501 BISCAYNE BLVD. #1289 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** C/TY-ST-7IP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

GNING OFFICER OR DIRECT