

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090742

1. Entity Name

EYECAREPLUS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90116 016 ***150.00

Principal Place of Business

Mailing Address

10090 WEST MCNAB ROAD
TAMARAC FL 33321

10090 WEST MCNAB ROAD
TAMARAC FL 33321-1895

2. Principal Place of Business

3. Mailing Address

651 W. Tropical Way
Suite, Apt. #, etc.

651 W. Tropical Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number 65-0875017

Applied For
Not Applicable

Zip
33317

Country
Broward/USA

Zip
33317

Country
USA

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

MAYA, YARON H DD
10090 W. MCNAB RD
TAMARA FL 33321

Name MAYA YARON H. OD

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

651 W. Tropical Way

City Plantation

FL

Zip Code 33317

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 *Mu Yaron H. maya*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-24-00

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 PD
NAME MAYA, YARON H
STREET ADDRESS 10090 WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE VSTD
NAME MAYA, LISA C
STREET ADDRESS 10090 WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 (954) 873-6066

CR2E034 (9/99)