

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030350

1. Entity Name

MEDICAL OPTICS INTERNATIONAL, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90200 042 \*\*\*150.00

Principal Place of Business

1355 W. PALMETTO PARK RD., STE. 108  
BOCA RATON FL 33486

Mailing Address

1355 W. PALMETTO PARK RD., STE. 108  
BOCA RATON FL 33486-3303

2. Principal Place of Business

559 SAWGRASS CORPORATE PARKWAY  
Suite, Apt. #, etc.

3. Mailing Address

559 SAWGRASS CORPORATE PARKWAY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

4. FEI Number

65-0914035

Applied For

Not Applicable

Zip

33325

Country

FLORIDA

Zip

33325

Country

U.S.A.

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

MASSA, CHRISTINE

1355 W. PALMETTO PARK RD., STE. 108  
BOCA RATON FL 33486

Name

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

559 SAWGRASS CORPORATE PARKWAY

City

SUNRISE

FL

Zip Code

33325

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

*Christine Massa*

4-25-00

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MASSA, CHRISTINE  
CITY-ST-ZIP 5327 PARK PLACE CIRCLE  
BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 559 SAWGRASS CORPORATE PARKWAY  
CITY-ST-ZIP SUNRISE FLORIDA 33325

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

*Christine Massa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

861-763-3971

Daytime Phone #

CR2E034 (9/99)