

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90155 004 \*\*\*150.00

DOCUMENT # P99000079196

1. Entity Name  
**EYECARE FOR KIDS, INC.**



Principal Place of Business

5855 SW 73RD ST  
MIAMI FL 33143  
US

Mailing Address

5855 SW 73RD ST  
MIAMI FL 33143  
US

2. Principal Place of Business

**1555 SUNSET DR.**

3. Mailing Address

**1555 SUNSET DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

4. FEI Number **65-0948780**

Applied For  
Not Applicable

Zip

**33143**

Country

**USA**

Zip

**33143**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOWENSTEIN, ELLIOT**  
**2100 SALZEDO ST., SUITE 303**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **BLIER, HANK**  
Street Address (P.O. Box Number is Not Acceptable)  
**2699 STERLING Rd.**  
**C-307**  
City **FT. LAUDERDALE** **FL** **33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **H. BLIER**

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

(NOTE: Registered Agent signature required when reinstating)

**2/18/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HARPER, MARY SUE**  
STREET ADDRESS **8241 SW 54TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **STD** ☐ Delete  
NAME **HEATH, JULIAN C**  
STREET ADDRESS **8241 SW 54 AVE**  
CITY-ST-ZIP **MIAMI FL 33143-8425**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/03**

**305-6623990**

DATE

Daytime Phone #

CR2E034 (10/02)