2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000082615** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name PEDRO IVONNET, O.D., P.A. 04-21-2000 90099 031 ***150.00 Principal Place of Business Mailing Address 1455 N.W. 107TH AVENUE 1455 N.W. 107TH AVENUE SUITE 654 SUITE 654 MIAMI FL 33172-2718 MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business 11231 NW 744 STREET #8 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-09501 Not Applicable MIAMI FL \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 331フン 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IVONNET, PEDRO O.D. Street Address (P.O. Box Number is Not Acceptable) 1455 N.W. 107TH AVENUE SUITE 654 MIAMI FL 33172 Zip Code *33*/7ン 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) _FILE NOW!!! FEE IS \$150.00 ___ 9. This corporation is eligible to satisfy, its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Change Addition TITLE TITLE □ Delete IVONNET, PEDRO O.D. NAME NAME 11231 N.W. 74 STREET #8 STREET ADDRESS. STREET ADDRESS 1455 N.W. 107TH AVENUE CITY-ST-7/P CITY-ST-ZIP MIAMI FL 33172 MIAMI FL 33172 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete 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-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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

with all other like empowered.

SIGNATURE:

13. Thereby 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 305-*5*92-2855