

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000084492**1. Entity Name  
EYE M.E., INC.**Principal Place of Business**

2850 S.W. 4TH ST.

BOYNTON BEACH  
33435

FL

**Mailing Address**

2850 S.W. 4TH ST.

BOYNTON BEACH  
33435

FL

2. Principal Place of Business  
4800 NORTH FEDERAL HIGHWAY3. Mailing Address  
12805 SW 91 CTSuite, Apt. #, etc.  
SUITE 101-E

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI

FL

City & State  
MIAMI

FL

Zip  
33431

Country

Zip  
33176

Country

4. FEI Number  
65-0949259

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**KANE HARLEY N  
301 YAMATO RD., STE. #3160BOCA RATON  
33431

US

FL

**7. Name and Address of New Registered Agent**

Name

KANE HARLEY N

Street Address (P.O. Box Number is Not Acceptable)  
4800 NORTH FEDERAL HIGHWAY

SUITE 101-E

City  
BOCA RATON

FL

Zip Code  
33431

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.

(NOTE: Registered Agent signature required when reinstating)

03/28/2001

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, 2001 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**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	KANE HARLEY N	
STREET ADDRESS	201 YAMATO RD., STE. #3160	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	DAVIS SAMUEL JAY III	
STREET ADDRESS	2850 S.W. 4TH ST.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE HARLEY N	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY SUITE 101-E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD MAYERS	
STREET ADDRESS	12805 SW 91 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Todd Mayers

PTD

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)