

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90022 030 ***150.00

00003971

DOCUMENT # **PA90000432648**
 1. Entity Name
Computer eyes.com inc

Principal Place of Business
1311 Wpn Rd
Coconut Creek
33065

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
2631 NW 99 Ave
 Suite, Apt. #, etc.
 City & State
Coral Springs
 Zip
33065
 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
650953120
 Applied For
 Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 **Shelley Gogel** President **7/3/00**
 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 President NAME Shelley Gogel STREET ADDRESS 2631 NW 99 Ave CITY-ST-ZIP CS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Shelley Gogel Pres.** **7/3/00** **972-9393**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

Attachment
DT# p990093264
DU069971

SHELLEY GOGEL, L.D.O.

ULTRAVISION OPTICAL CENTER
1311 Lyons Road
Coconut Creek, FL 33063
Telephone: (954) 972-9393

2631 NW 99 Avenue
Coral Springs, FL 33065
July 3, 2000
In reply to: Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

I am enclosing your form and a check for the filing fee of \$150.00. This form was not received. I am a new corporation and due to this delay in receiving this form, I would appreciate any consideration into your late fees.

I will well aware of this fee next year and this oversight should not happen again.

Yours truly,
ComputerEyes.com Inc.