

2000 UNIFORM BUSINESS REPORT (UBR)

8/8/

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-08-2000 90089 023 ***150.00

DOCUMENT # P99000098670

1. Entity Name

MEDICAL ARTS OPTICAL, INC.

f

Principal Place of Business

**944 NORTH KROME AVENUE
 HOMESTEAD FL 33030**

Mailing Address

**944 NORTH KROME AVENUE
 HOMESTEAD FL 33030**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965179

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOCKMAN, PETER M
 638 NORTH KROME AVENUE
 HOMESTEAD FL 33030**

**Eduardo FRAGA
 1580 NW 16th Terr
 Homestead FL**

Name **Eduardo FRAGA**

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

1580 NW 16th Terrace

City **Homestead**

FL

Zip Code **33030**

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)

DATE

E. Fraga

8/15/00

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 \$550.00

**After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D FRAGA, EDUARDO 1580 N.W. 16 TERRACE HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

(202) 455-7000

Daytime Phone #

CR2E034 (5/00)

David R. G. Smith
Certified Public Accountant

a Harpment
~~#P. 99000098670~~
[REDACTED]
Member of
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

1077/6

August 3, 2000


Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: **Medical Arts Optical, Inc.**
#P. 99000098670

Dear Sir/Madam:

The above-referenced taxpayer never received the first notice because the "current Registered Agent" was incorrect. The client has enclosed a check in the amount of \$150.00. Kindly consider abatement of the penalties. Please note this is the first time filing for this taxpayer.

Respectfully,


David R.G. Smith, CPA, CFP, CFST

Cc: Ed Fraga

Galloway Professional Park
7765 Southwest 87th Avenue
Suite 201
Miami, Florida 33173-2586

Telephone: 305-634-3200
Facsimile: 305-634-5025
Beeper: 305-732-5354
E-mail: dsmith@davidsmithcpa.com
Website: www.davidsmithcpa.com