

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23869

1. Entity Name

BETTER SIGHT VISION CENTER, INCORPORATED

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90059 035 ***150.00

Principal Place of Business

Mailing Address

11801 S. DIXIE HIGHWAY
MIAMI FL

11801 S. DIXIE HIGHWAY
MIAMI FL 33156-4439

905316

2. Principal

Suite

City

Zip

8. The

SIGNATURE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0334333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Registered office or registered agent, or both, in the State of Florida.

Registered Agent signature required when reinstating)

DATE

9. This corporation is required 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARAQUE, LUIS CARLOS**
CITY-ST-ZIP **11801 S. DIXIE HWY**
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

305-232-5151

Daytime Phone #

CR2E034 (9/99)