

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90173 024 \*\*\*150.00

DOCUMENT # V57409

1. Entity Name  
OPTIX VISION, INC.

Principal Place of Business

OPTIX VISION INC  
13343 S.W. 42ND ST  
MIAMI FL 33175  
US

Mailing Address

OPTIX VISION INC  
13343 S.W. 42ND ST  
MIAMI FL 33175  
US

2. Principal Place of Business

Suite, Apt. #, etc.  
13317 S.W. 42st.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.  
13317 S.W. 42st.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0357185

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

THOMAS, DAVID  
13343 S.W. 42ND STREET  
MIAMI FL 33175

Name THOMAS, DAVID

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

13317 S.W. 42 STREET

City MIAMI

FL

Zip Code 33175

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DAVID 13343 S.W. 42 ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MARGARITA 13343 S.W. 42 ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS DAVID 13317 S.W. 42 ST. MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS MARGARITA 13317 S.W. 42 ST. MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
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"/> Change <input type="checkbox"/> Addition
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

305-5545228

Daytime Phone #

CR2E034 (10/00)