

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000073813

Entity Name: CEPERO EYECARE CENTER INC**Current Principal Place of Business:**1705 CORAL WAY
MIAMI, FL 33145**Current Mailing Address:**1705 CORAL WAY
MIAMI, FL 33145 US**FEI Number:** 46-0894275**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CEPERO, ANA D
66 VALENCIA AVE UNIT 801 C
CORAL GABLES, FL 33134 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	CEPERO, ANA D
Address	66 VALENCIA AVE UNIT 801C
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	CEPERO, ERNESTO
Address	700 BILTMORE WAY APT 905
City-State-Zip:	CORAL GABLES FL 33134

Title	T
Name	CEPERO, SERAPIO
Address	66 VALENCIA AVE UNIT 801 C
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANA CEPERO

VPRESIDENT

05/01/2022

Electronic Signature of Signing Officer/Director Detail_____
Date