

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 26, 2020
Secretary of State
2285710742CC

Entity Name: CURE FOR BLINDNESS, INC.

Current Principal Place of Business:

1680 MICHIGAN AVE SUITE 700
MIAMI BEACH, FL 33139

Current Mailing Address:

1680 MICHIGAN AVE SUITE 700
MIAMI BEACH, FL 33139 US

FEI Number: 27-1469340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHT
Name KOVNER, MATTHEW
Address C/O CURE FOR BLINDNESS, INC.
1680 MICHIGAN AVE SUITE 700
City-State-Zip: MIAMI BEACH FL 33139

Title S
Name KOVNER, PETER
Address C/O CURE FOR BLINDNESS, INC.
1680 MICHIGAN AVE SUITE 700
City-State-Zip: MIAMI BEACH FL 33139

Title D
Name KOVNER, MICHAEL
Address C/O CURE FOR BLINDNESS, INC.
1680 MICHIGAN AVE SUITE 700
City-State-Zip: MIAMI BEACH FL 33139

Title D
Name HART, DANIEL
Address C/O CURE FOR BLINDNESS, INC.
1680 MICHIGAN AVE SUITE 700
City-State-Zip: MIAMI BEACH FL 33139

Title D
Name FOTIS, JARED
Address C/O CURE FOR BLINDNESS, INC.
1680 MICHIGAN AVE SUITE 700
City-State-Zip: MIAMI BEACH FL 33139

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW KOVNER

**CHAIRMAN &
TREASURER**

04/26/2020

Electronic Signature of Signing Officer/Director Detail

Date