

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90054 039 \*\*\*150.00

**DOCUMENT # L57716**  
 1. Entity Name  
**OPTICAL EXPORTS, INC.**

Principal Place of Business <b>14960 E WATERFORD DR          DAVIE FL 33331          US</b>	Mailing Address <b>14960 E WATERFORD DR          DAVIE FL 33331          US</b>
--	--

**D0038862**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. # etc <b>12981 Country Glen Drive</b>	Suite, Apt. # etc <b>12981 Country Glen Drive</b>
--	--

<b>Cooper City, Florida</b>	<b>Cooper City, Florida A</b>
-----------------------------	-------------------------------

4. FEI Number <b>65-0179656</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Country <b>33330 0 USA</b>	Country <b>33330 USA</b>
-------------------------------	-----------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  
**TAYLOR, RUTH S.  
 14960 E WATERFORD DR  
 DAVIE FL 33331**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**12981 Country Glen Drive 4  
 Cooper City, Florida FL 33330**

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 *Ruth Taylor* (NOTE: Registered Agent signature required when reinstating)  
 Date: **04/12/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV <b>TAYLOR, RUTH S. 14960 E WATERFORD DR DAVIE FL 33331</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>TAYLOR, RUTH S. 14960 E WATERFORD DR DAVIE FL 33331</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12981 Country Glen Drive          Cooper City, Florida 33330 330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12981 Country Glen Drive          Cooper City, Florida 33330 3330</b>
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: *Ruth Taylor* Date: **04/12/2001** Daytime Phone #: **954/680-8985**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RUTH TAYLOR**

CR2E034 (10/00)