

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034270

1. Entity Name

EMA EYEWEAR INC.

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**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90003 027 \*\*\*150.00

Principal Place of Business

1673 N. HIATUS ROAD  
PEMBROKE PINES FL 33026

Mailing Address

1673 N. HIATUS ROAD  
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0754532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RUBENSTEEN, DARLENE  
1673 N. HIATUS ROAD  
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 0 RUBENSTEEN, D  
STREET ADDRESS 1673 N HIATUS RD  
CITY-ST-ZIP PEMBROKE PINES FL 32626

TITLE ☐ Delete  
NAME 0 RUBENSTEEN, L  
STREET ADDRESS 1673 N HIATUS RD  
CITY-ST-ZIP PEMBROKE PINES FL 32062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00 (954) 432-0102  
Date Daytime Phone #

DR. LORRY RUBENSTEIN, O.D.

ADULT AND PEDIATRIC EYECARE

7-6-00

To Whom it May Concern,

I have much to my dismay just received a second notice from the FLORIDA Department of State, Division of Corporations. I never did receive the First Notice. This has never happened to me before - I have an excellent credit history, pay all my bills on time, I am conscientious and diligent in complying to notices for payment on Time. This second notice was sent to my place of business where as a rule I do receive my mail. I do apologize for not complying with the first payment notice but since I feel at this time it was possibly not my fault I request that you please waive the penalty fee.

Thank you for your time and understanding  
Yours truly -

