

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90018 001 ***150.00

DOCUMENT # P98000104728

1. Entity Name
GOTMAR EYEWEAR, INC.

Principal Place of Business Mailing Address
10340 SW 134 COURT **10340 SW 134 COURT**
MIAMI FL 33186 **MIAMI FL 33186-2867**

001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6595 NW. 36 ST. **6595 NW 36 ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
304 **304**

City & State City & State
MIAMI - FL. **MIAMI - FL.**

Zip Country Zip Country
33166 **USA** **33166** **USA**

4. FEI Number Applied For
65-0882001 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIRON, AULIO
10340 SW 134 COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name
GOTMAR GIRON
 Street Address (P.O. Box Number is Not Acceptable)
6595 NW. 36 ST., SUITE 304
 City Zip Code
MIAMI **FL 33166**

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 *Gotmar Giron* DATE **02/01/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

- FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD	<input type="checkbox"/> Delete
NAME GIRON, GOTMAR L	
STREET ADDRESS 10340 SW 134 COURT	
CITY-ST-ZIP MIAMI FL 33186	
TITLE VPD	<input type="checkbox"/> Delete
NAME GIRON, ANGELA	
STREET ADDRESS 10340 SW 134 COURT	
CITY-ST-ZIP MIAMI FL 33186	
TITLE SD	<input type="checkbox"/> Delete
NAME GIRON, GOTMAR	
STREET ADDRESS 10340 SW 134 COURT	
CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gotmar Giron* DATE **02/01/00** 786-265-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paytime Phone #

CR2E034 (9/99)