

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90141 029 ***150.00

DOCUMENT # 448528

1. Entity Name

SUNGLASS HUT TRADING CORPORATION

Principal Place of Business

255 ALHAMBRA CIR.
 12TH FLOOR
 CORAL GABLES FL 33134
 US

Mailing Address

255 ALHAMBRA CIR.
 12TH FLOOR
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

255 Alhambra Circle

ATTN: Tax Dept

Coral Gables, FL

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1545845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 \$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	PD	<input type="checkbox"/> Delete
NAME	WATSON, J X	
STREET ADDRESS	2055 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SATD	<input type="checkbox"/> Delete
NAME	PIA, GEORGE L	
STREET ADDRESS	255 ALHAMBRA CIR.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	PETERSEN, LARRY	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, VICTOR	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		
CITY-ST-ZIP		
TITLE	Sr. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Pattison	
STREET ADDRESS	255 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
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		
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Pattison

Sr. Vice President 1/16/01

Date

Daytime Phone #

(305) 461-6100

CR2E034 (10/00)