## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # 514172** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** LENS MASTERS, INC. 01-20-2000 90233 024 \*\*\*150.00 Principal Place of Business Mailing Address 6611 NW 15TH WAY 6611 NW 15TH WAY FT LAUDERDALE FL 33309-1525 FT LAUDERDALE FL 33309 UUUUUUU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1692856 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, BERNARD Street Address (P.O. Box Number is Not Acceptable) 3530 MYSTIC PT DR #101 MYSTIC POINT TOWER 500 N MIAMI BCH FL 33180 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE SINGER, BERNARD NAME STREET ADDRESS 3530 MYSTIC PT. DR. #101 STREET ADDRESS CITY-ST-7IP N. MIAMI BEACH FL 33180 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE SINGER, DANIEL NAME NAME STREET ADDRESS 17110 NE 11ST STREET ADDRESS N MIAMI BCH FL 33162 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE SINGER, SHERYL NAME NAME STREET ADDRESS 11018 NASHVILLE DRIVE STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acquirate 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 of 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.