

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90666 001 \*\*\*150.00  
 05-22-2001 90666 002 \*\*\*\*\*8.75

**DOCUMENT # 549774**

1. Entity Name

**AU COURANT OPTICIANS, INC.**

4278



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**% ALLEN D. STOLAR**  
**290 NW 165TH ST., #M-400**  
**MIAMI FL 33169**

Mailing Address  
**% ALLEN D. STOLAR**  
**290 NW 165TH ST., #M-400**  
**MIAMI FL 33169**

2. Principal Place of Business  
**9700 COLLINS AVENUE**

3. Mailing Address  
**9700 COLLINS AVENUE**

Suite, Apt. #, etc.  
**#203**

Suite, Apt. #, etc.  
**#203**

City & State  
**BAL HARBOUR, FL 33154**

City & State  
**BAL HARBOUR, FL 33154**

4. FEI Number **59-1866282**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**STOLAR, ALLEN D**  
**21249 HARROW COURT**  
**BOCA RATON FL 33433-7453**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VPDC	BENNETT, HERMAN	117 SOUTH MAIN STREET	ANN ARBOR MI	<input type="checkbox"/>
STDP	BENNETT, STEVEN	117 SOUTH MAIN STREET	ANN ARBOR MI	<input type="checkbox"/>
D	BENNETT, GERALDINE	117 SOUTH MAIN STREET	ANN ARBOR MI	<input type="checkbox"/>
PASD	DICOSMO, NANCY JO	117 S. MAIN STREET	ANN ARBOR MI	<input type="checkbox"/>
D	DIBARTOLOMEIO, TAWNY	9700 COLLINS AVENUE, #203	BAL HARBOUR FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		3370 HIDDEN BAY DRIVE #313	AVENTURA FL 33180	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1410 FOLKSTONE	ANN ARBOR, MI 48105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3370 HIDDEN BAY DRIVE #313	AVENTURA FL 33180	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3105 WOODSLEE DR.	ROYAL OAK, MI 48073	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1101 98TH ST	BAY HARBOR, FLA 33154	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Herman W. Bennett*  
**HERMAN W. BENNETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #