

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90287 020 ***150.00

DOCUMENT # 621260

1. Entity Name
OPTICA HABANA, INC.



Principal Place of Business
3700 NW 7TH STREET 3711 NW 7th ST
MIAMI FL 33126-5701

Mailing Address
3700 NW 7TH STREET 3711 NW 7th ST
MIAMI FL 33126-5701

37

2. Principal Place of Business
3711 NW 7th ST

3. Mailing Address
3711 NW 7th ST

Suite, Apt. #, etc.
MIAMI FL 33126

Suite, Apt. #, etc.
MIAMI FL

City & State
F

4. FEI Number
59-1905095

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES



Zip
33126

Country
DADE

Zip
33126

Country
DADE

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

ACOSTA, JULIO JR.
17361 S.W. 144 CT
MIAMI FL 33177

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
DE ACOSTA, OLGA FERRER
8404 NW 1 TERRACE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TD
ACOSTA, JULIO JR.
17361 SW 144 CT
MIAMI FL

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

04-15-03 **305 643 0375**

CR2E034 (10/02)