

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000002218**1. Entity Name
IRIE EYES, LLC

Principal Place of Business 10492 N.W. 10TH STREET PEMBROKE PINES FL 33026	Mailing Address 10492 N.W. 10TH STREET PEMBROKE PINES FL 33026
--	--

2. Principal Place of Business 4754 N. CONGRESS AVE Suite, Apt. #, etc.	3. Mailing Address 5360 2ND ROAD Suite, Apt. #, etc.
---	--

City & State BOYNTON BEACH FL	City & State LAKE WORTH FL
Zip 33426	Zip 33467

4. FEI Number 65-0995666	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COLSON V. ARMAND COLSON SAWYER & ASSOCIATES, LLC ONE EAST BROWARD BLVD., SUITE 700 FORT LAUDERDALE FL 33301 US	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 _____ DATE **03/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORK CLIVE A 15620 PALMETTO CLUB DRIVE MIAMI FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORK CINDY DR 10492 NW 10TH STREET PEMBROKE PINES FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORK CINDY MDR 5360 2ND ROAD LAKE WORTH FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **CINDY M. CORK** DR. **03/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)