

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90030 001 ***150.00

DOCUMENT # L00000009121

1. Entity Name
IDION EYEWEAR, LLC

Principal Place of Business
1455 OCEAN DRIVE, SUITE 609
MIAMI BEACH FL 33139

Mailing Address
1455 OCEAN DRIVE, SUITE 609
MIAMI BEACH FL 33139

2. Principal Place of Business
16200 N.W. 59th AVE

3. Mailing Address *Same.*

Suite, Apt. #, etc.
Suite # 106

Suite, Apt. #, etc.

City & State
Miami Lakes, FL

City & State

Zip *33014* Country *USA.*

Zip Country

4. FEI Number **65-1050113**

☒ 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

KOCIS, LES Z
1455 OCEAN DRIVE, SUITE 609
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name *LES Z. KOCIS*
 Street Address (P.O. Box Number is Not Acceptable)

1455 Ocean Drive, # 610

City *Miami Beach* FL Zip Code *33139*

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]* *LES Z. KOCIS* *1/17/02.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **KOCIS, LES Z**
 STREET ADDRESS **1455 OCEAN DRIVE, SUITE 609**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **LES Z. KOCIS**
 STREET ADDRESS **1455 OCEAN DRIVE # 610**
 CITY-ST-ZIP **MIAMI BEACH, FL, 33139.**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/02 (305) 556-3434

Date Daytime Phone #

CR2E083 (9/01)