

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90097 049 \*\*\*\*50.00

**DOCUMENT # L01000004749**

1. Entity Name

**OPTICAL SUPPLY L.L.C.**

Principal Place of Business

275 FOUNTAINBLEAU BLVD.  
SUITE 190  
MIAMI FL 33172

Mailing Address

275 FOUNTAINBLEAU BLVD.  
SUITE 190  
MIAMI FL 33172

2. Principal Place of Business

2500 HOLLYWOOD BLVD

3. Mailing Address

2500 HOLLYWOOD BLVD

Suite, Apt. #, etc.

STE 207

Suite, Apt. #, etc.

STE 207

City &amp; State

HOLLYWOOD FL

City &amp; State

HOLLYWOOD FL

Zip

33020

Country

Zip

33020

Country

4. FEI Number

65-1089170

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FREED, OWEN S  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130

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

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	M	NERY SEBASTIAO	<input type="checkbox"/> Delete
NAME		PROCHNOW	
STREET ADDRESS		7901 S. OCEAN DR #10P	
CITY-ST-ZIP		HOLLYWOOD FL 33019	

TITLE	M	RICARDO PROCHNOW	<input type="checkbox"/> Delete
NAME		7901 S. OCEAN DR, #10P	
STREET ADDRESS		HOLLYWOOD, FL 33019	
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: X****SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CP2E083 (9/01)