2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-24-2003 90685 008 ****50.00

55025794

DOCUMENT # L02000012002

1. Entity Name
V EYE P EYEWEAR & OPTICAL, LLC

Principal Place of Business
12395 SW 68TH AVE.
PINECREST FL 33156

Mailing Address
P.O. BOX 566120
PINECREST FL 33256

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8940 N. Kendall Drive
Suite Apt. #, etc.
Suite 703E
City & State
MIAMI FLORIDA
Zip 33176 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
30-0077621
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR.
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name ALFRED H. RIVERA, MD
Street Address (P.O. Box Number is Not Acceptable) 12395 SW 68TH AVENUE
City Pinecrest FL Zip Code 33156

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: Alfred H. Rivera
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 3/20/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	~~MGR~~	☐ Delete
NAME	RIVERA, ALFRED H	
STREET ADDRESS	P.O. BOX 566120	
CITY-ST-ZIP	PINECREST FL 33256	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	PRESIDENT/MANAGER	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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: Alfred H. Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 3/20/03 Daytime Phone # (305) 666-2365