

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0316288 AV

DOCUMENT # L86939

1. Entity Name
FASHION OPTICAL CENTER, INC.

02-19-2002 90040 020 ***150.00

Principal Place of Business Mailing Address
3682 W OAKLAND PARK BLVD. **3682 W OAKLAND PARK BLVD.**
LAUDERDALE LAKES FL 33311 **LAUDERDALE LAKES FL 33311**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite/Apt.# etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For

65-0204739

Not Applicable

Zip Country Zip Country 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

CUKIERMAN, AMIR
3682 W OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUKIERMAN, AMIR 3682 W OAKLAND PARK BLVD LAUDERDALE LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Tupaldy** **REQUIRED**

X 1/30/02 Date Daytime Phone #

CR2E034 (9/01)