2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2000	UNIFORM BUS	INESS REPO	RT	(UBR)		APPRO AN			
DOCUMENT # L9600000971						FILE	ED .		
WORLD OPTICAL, L.C.						00 MAY -2	PM 12: 50		
						SECRETARY TALLAHASSE	OF STATE	۸.	
Principal Place of Business 1401 S. STATE ROAD 7 SUITE B2B NORTH LAUDERDALE FL 33068 Mailing Address 8828 STATE RD. 84 DAVIE FL 33324-4415						TALLAHASSE			
2. Principal Place of Business 3. Mailing Address]	8811811 818 18118 81111 <u>88</u> 111 81		J B(10 1914) 1	####
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPA	CE	
City & State	e	City & State	City & State			omber 65-069865 1			plied For t Applicable
Zip	Country	Zip	Count	ry	5. Certificate of			.00 Add	
	6. Name and Address of Current		Name	7. Name	and Address of New F	legistered Age	nt		
HARRIS, RUSK 1425 S. TRAFALGAR CIRCLE HOLLYWOOD FL 33020				Street Address (P.O. Box Number is Not Acceptable) City Zip Code					9
8. The above	named entity submits this statement fo	r the ourpose of changing its	s registere		red agent, o	r both, in the State of Flo	FL orida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating	a)	DATE	wa-	
-	•	FILE No.		EE IS \$50.00 Department o	f State				
9. MANAGING MEMBERS/MEMBERS			10.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Detecto HARRIS, RUSK 1401 S. STATE ROAD 7 NORTH LAUDERDALE FL 33068			ET ADDRESS ST-ZIP					
TITLE NAME 8TREET ADDRESS CITY-ST-ZIP	MEM SINGER, JEFF 1401 S. STATE ROAD 7 NORTH LAUDERDALE FL 33068	☐ Delisto	1					Change	Addition
TITLE NAME Street Address City-St-Zip	ि चर्चा स्थाप र हे <u>द्वा</u> र र के	Detete			مستوس ۾ آهن		1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delate						Change	Addition
NAME BTREET ADDRESS CITY-ST-ZIP	and the first property of the second	Desicts						Change	Addition
TITLL NAME STREET ADDRESS CITY-ST-ZIP		☐ Octeto						Change	Addition
11. I hereby of indicated	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	or the exer the same report as	nption stated in Se legal effect as if n	nade under ter 608, Flor	oath: that I am a manad	I further certify to ging member or	hat the in manager	iformation r of the

04/25/00 Date