

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M35245**

1. Entity Name

**LENS EXPRESS, INC.**

Principal Place of Business

**350 S.W. 12TH AVE.  
DEERFIELD BEACH FL 33442**

Mailing Address

**350 S.W. 12TH AVE.  
DEERFIELD BEACH FL 33442-3106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2716440**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE FL 32301****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

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, 2000 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**

TITLE	VP.	<input type="checkbox"/> Delete
NAME	O'NEILL	
STREET ADDRESS	2760 NE 52ND ST.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	AKDAG, MENDERES	
STREET ADDRESS	298 NE 6TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERY A. BERNFELD	
STREET ADDRESS	829 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BILLERICA MA	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	PALMISANO, ROBERT J	
STREET ADDRESS	21 HICKORY DR	
CITY-ST-ZIP	WALTHAM MA 02154	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD MILLER	
STREET ADDRESS	255 CLINTON RD.	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRASKOS, RICHARD M	
STREET ADDRESS	65 BAYBERRY ROAD	
CITY-ST-ZIP	GLASTONBURG CT 06033	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-99

Date

954-421-5800

Daytime Phone #

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90118 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE