

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90010 049 ***150.00

DOCUMENT # **M37023 ✓**

1. Entity Name

L & M OPTICAL, INC

Principal Place of Business

**401 SW 27TH Ave
 3RD FLOOR
 MIAMI, FL 33135**

Mailing Address

**8360 W. Flagler Street
 Suite 100
 MIAMI, FL 33144**

2. Principal Place of Business

3. Mailing Address

8360 West FLAGLER ST

8360 West FLAGLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

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

**FORMOSO-MURIAS, HECTOR Esq
 c/o ZIMBLE FORMOSO-MURIAS PA
 1401 BRICKELL Ave SUITE 730
 MIAMI, FL 33131**

**Name FORMOSO-MURIAS, HECTOR Esq
 c/o ZIMBLE FORMOSO-MURIAS P.A
 Street Address (P.O. Box Number is Not Acceptable)**

401 SW 27 Ave

City

MIAMI

FL

Zip Code

33135

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, 2001 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 **DPT** ☐ Delete
 NAME **LEONOR M. BOUDET**
 STREET ADDRESS **1711 SW 104TH AVE**
 CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVS** ☐ Delete
 NAME **MARIA G. GALINDEZ**
 STREET ADDRESS **1701 SW 104TH AVE**
 CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (11/00)