

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M58996

1. Entity Name

ALEXANDER'S OPTICAL INC.

Principal Place of Business

7160 W 20TH AVE
STE M-135
HIALEAH FL 33016

Mailing Address

8065 WEST 18 COURT
HIALEAH FL 33014-3210

2. Principal Place of Business

7160 W 20 AVE.

3. Mailing Address

19720 NW 7ST

Suite, Apt. #, etc.

STE. M-135

Suite, Apt. #, etc.

1

City & State

HIALEAH FL

City & State

Pembroke Pines, FL

Zip 33016

Country US

Zip 33029

Country Broward

4. FEI Number

59-2843133

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLANA, ALEXANDER
8065 WEST 18 COURT
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name PLANA, Alexander

Street Address (P.O. Box Number is Not Acceptable)

19720 NW 7ST

Pembroke Pines

FL

Zip Code 33029

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

Alexander Plana PD

2/28/02

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, 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

TITLE PD Delete
NAME PLANA, ALEXANDER
STREET ADDRESS 8065 W. 18 CT
CITY-ST-ZIP HIALEAH FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD. Change Addition
NAME PLANA, ALEXANDER
STREET ADDRESS 19720 NW 7ST
CITY-ST-ZIP Pembroke Pines, FL, 33029

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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CITY-ST-ZIP

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:

Alexander Plana PD

2/28/02

305.556.3398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)

6216301
AV