

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90070 003 \*\*\*150.00

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**DOCUMENT # P00000077953**

1. Entity Name  
**SNAZZY EYES, INC.**

Principal Place of Business  
**8300 NW 53RD STREET SUITE 300**  
**MIAMI FL 33166**

Mailing Address  
**8300 NW 53RD STREET SUITE 300**  
**MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4800 LEJUNE RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4800 LEJUNE RD.**  
 Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL**  
 Zip  
**33146** Country  
**MIAMI-DADE**

City & State  
**CORAL GABLES, FLORIDA**  
 Zip  
**33146** Country  
**MIAMI-DADE**

4. FEI Number **65-1095971** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MURRAY, C. ROBERT JR**  
**8300 NW 53RD STREET SUITE 300**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4800 LEJUNE ROAD**  
 City **CORAL GABLES** FL Zip Code **33146**

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 *C. Robert Murray* DATE *February 1, 2002*  
 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**

TITLE  
**PSTD**  
 NAME  
**DANSEGLO, JAMES**  
 STREET ADDRESS  
**2550 SW 18 TERRACE APT 1502**  
 CITY-ST-ZIP  
**MIAMI FL 33166**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**FORT LAUDERDALE, FLORIDA 33315**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 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: *James Danseglio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02 9545224025**  
 Date Daytime Phone #

CR2E034 (9/01)