## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000106663

Entity Name: EYEGLASS WORLD, INC.

3801 SOUTH CONGRESS AVE

LAKE WORTH, FL 33461

Address: City-St-Zip: FILED Feb 22, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3801 SOUTH CONGRESS AVENUE LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 3801 SOUTH CONGRESS AVENUE LAKE WORTH, FL 33461 FEI Number: 65-1100459 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZIFRONY, MATTHEW ESQ C/O TRIPP SCOTT, P.A. 110 SE 6TH STREÉT 15TH FLOOR FORT LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete () Change () Addition MUSA, MARCO Name: Name: 3801 SOUTH CONGRESS AVE Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: ( ) Delete Title: DVP Title: () Change () Addition MUSA, MASSIMO Name: Name: 3801 SOUTH CONGRESS AVE Address: Address: LAKE WORTH, FL 33461 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DVP () Change () Addition MUSA, MARC' ANDREA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARCO MUSA DPST 02/22/2002