2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000112843

Entity Name: AUTO OPTICAL OF DADE COUNTY, INC.

FILED Apr 03, 2002 8:00 AM Secretary of State

	Principal Place of Business:	New Principal Pla	ce of Business:
	SUNRISE BLVD. #238 , FL 33323	11401 NW 12TH S' #156 MIAMI, FL 33172	Т
Current N	Mailing Address:	New Mailing Addr	ress:
	SUNRISE BLVD. #238 , FL 33323	11401 NW 12TH S #156 MIAMI, FL 33172	Т
FEI Number	r: 65-1071308 FEI Number App	plied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registe	red Agent: Name and Addres	s of New Registered Agent:
WESTON	GER CIRCLE I, FL 33326 US	oment for the purpose of changing its registe	
in the Stat	e of Florida.	ement for the purpose of changing its registe	ered office or registered agent, or both,
in the Stat	e of Florida.	ement for the purpose of changing its registe	ered office or registered agent, or both,
in the Stat	e of Florida.		ered office or registered agent, or both, Date
in the Stat SIGNATU This corpor Election Ca	e of Florida. RE: Electronic Signature of F ration is eligible to satisfy its Intangil mpaign Financing Trust Fund Conti	Registered Agent ble Tax filing requirement and elects to do so (X). ribution ().	Date
in the Stat SIGNATU This corpor Election Ca	e of Florida. RE: Electronic Signature of F ration is eligible to satisfy its Intangil	Registered Agent ble Tax filing requirement and elects to do so (X). ribution ().	ered office or registered agent, or both, Date NGES TO OFFICERS AND DIRECTOR
in the Stat SIGNATU This corpor Election Ca	e of Florida. RE: Electronic Signature of F ration is eligible to satisfy its Intangil mpaign Financing Trust Fund Conti	Registered Agent ble Tax filing requirement and elects to do so (X). ribution ().	Date
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of F ration is eligible to satisfy its Intangil mpaign Financing Trust Fund Conte S AND DIRECTORS: PD () Delete GORDON, PHILIP 1137 GINGER CIRCLE	Registered Agent ble Tax filing requirement and elects to do so (X). ribution (). ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR

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.

SIGNATURE: PHILIP GORDON PRES 04/03/2002