FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90948 040 ***150.00

DOCUMENT # P00000115155

1. Entity Name
FASHION IN OPTICS, INC.

DO NOT WRITE IN THIS SPACE

B0057061

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2. Principal Place of Business	3. Mailing Address
c/o Select Eyewear,Inc.	c/o Select Eyewear,Inc.
Suite, Apt. #, etc.: 5209 N.W. 74 Ave.,#206	Suite, Apt. #, etc.: 5209 N.W. 74 Ave.,#206
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-1063992 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Craig R. Dearr
Street Address (P.O. Box Number is Not Acceptable): 9130 S. Dadeland Blvd.
Suite 1609
City: Miami FL Zip Code: 33156

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when committed)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
D	Adriana Torres 5209 N.W. 74 Ave., #206 Miami, FL 33166

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adriana Torres ADRIANA TORRES 3.19.02 305 463 0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #