

2002 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-06-2002 90050 038 ***150.00

DOCUMENT # P01000005315

1. Entity Name

TRI-COUNTY OPTICAL, INC. ✓

Principal Place of Business

5820 SW 118TH STREET
CORAL GABLES FL 33156

Mailing Address

5820 SW 118TH STREET
CORAL GABLES FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8325 S.W. 143 ST.

3. Mailing Address

8325 S.W. 143 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEL Number

65-1026860

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GASSMAN, LEIGH

8325 SW 143RD STREET
MIAMI FL 33158

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

Leigh Gassman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

1/14/02

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Exec VP
Leigh Gassman
8325 SW 143 ST
Miami FL 33158

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

President
Stephen Kuhn
13611 Decring Bay Dr #202
Miami FL 33158

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Sec. of Treasurer
Robert Magdon
PO BOX 73
Aspen CO 81612

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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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:

Leigh Gassman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leigh Gassman

Date

1/20/02

Daytime Phone #

(305) 255-6414

CP20004 (9/01)