

02/03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026573
1. Entity Name



FILED

03 FEB 13 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100012461711
02/13/03--01049--010 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 731 SW 5th St, FL 33416 Suite, Apt. #, etc.	3. Mailing Address 731 SW 5th St Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33486	Country USA

4. FEI Number 95-1084344	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Samuel David Lehrer
Street Address (P.O. Box Number is Not Acceptable) 731 SW 5th St
City Boca Raton FL 33486

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Samuel David Lehrer
Signature, typed or printed name of registered agent and title if applicable.

2-06-03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Samuel David Lehrer 731 SW 5th St Boca Raton FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Samuel David Lehrer 731 SW 5th St Boca Raton FL 33486
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel David Lehrer Pres & CEO 2-3-03 561.644.2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 16, 2003

U.S. OPTICS, INC.
731 S.W. 5TH STREET
BOCA RATON, FL

SUBJECT: U.S. OPTICS, INC.
Ref. Number: P01000026513

We have received your document for U.S. OPTICS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$300.00.
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 503A00002240