2003 UNIFORM BUSIN[illegible]S REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90195 029 ***150.00

DOCUMENT # P01000033688

1. Entity Name
NK Optical Lab, INC.

Principal Place of Business	Mailing Address
13876 SW 56 ST. Suite 167 MIAMI, FL 33175	13876 SW 56 ST. Suite 167 MIAMI, FL 33175

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country DADE	Zip / Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0777488 ☐ Applied For ☐ Not Applicable

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
ZAPATA, CARLOS 15127 SW. 63 TER MIAMI, FL 33193	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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 2003 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD ☐ Delete NAME ZAPATA, Carlos STREET ADDRESS 15127 SW. 63 Ter CITY-ST-ZIP MIAMI, FL 33193	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD ☐ Delete NAME ZAPATA, MARIA D STREET ADDRESS 15127 SW 63 Ter CITY-ST-ZIP MIAMI, FL 33193	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034 (11/00)

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: X [signature] Carlos Zapata 305-380 8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR