

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90161 035 \*\*\*150.00

**DOCUMENT # P01000096670**



1. Entity Name  
**SUNGLASSES & MORE, INC.**

Principal Place of Business  
**3200 N FEDERAL HWY  
K-5  
FT LAUDERDALE FL 33306**

Mailing Address  
**3200 N FEDERAL HWY  
K-5  
FT LAUDERDALE FL 33306**

**60018416**



2. Principal Place of Business  
**2722 W. ATLANTIC BLVD.**

3. Mailing Address  
**2722 W. ATLANTIC BLVD**

Suite, Apt. #, etc.  
**SUITE 24**

Suite, Apt. #, etc.  
**SUITE 24**

CHECK HERE IF MAKING CHANGES

City & State  
**POMPANO BEACH**

City & State  
**POMPANO BEACH**

4. FEI Number  
**65-1143651**

Applied For  
Not Applicable

Zip  
**33069**

Country  
**U.S.A**

Zip  
**33069**

Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**DAHMA, RITA  
32100 N FEDERAL HWY K5  
FT LAUDERDALE FL 33306**

**7. Name and Address of New Registered Agent**

Name **RITA DAHMA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2722 W. ATLANTIC BLVD, SUITE 24**  
City **POMPANO BEACH FL** Zip Code **33069**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD DAHMA, RITA 32100 N FEDERAL HWY K5 FT LAUDERDALE FL 33306</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD RITA DAHMA 2722 W. ATLANTIC BLVD, STE 24 POMPANO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita Dahma* **RITA DAHMA** 04/09/03 (786) 388 0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)