

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90398 020 ***152.00

DOCUMENT # 901000111203

1. Entity Name

OCEAN DRIVE OPTICAL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

307 ATLANTIC ISLE

3. Mailing Address

307 ATLANTIC ISLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES FL

City & State

SUNNY ISLES FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-1154433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN AMIEL

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

307 ATLANTIC ISLE

City

SUNNY ISLES

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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]

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$6125

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	PSTD
NAME	ALAN AMIEL
STREET ADDRESS	307 ATLANTIC ISLE
CITY-ST-ZIP	SUNNY ISLES FL 33160
TITLE	V.P. & D
NAME	ADRIANA AMIEL
STREET ADDRESS	307 ATLANTIC ISLE
CITY-ST-ZIP	SUNNY ISLES FL 33160
TITLE	V.P. & D
NAME	AVI AMIEL
STREET ADDRESS	307 ATLANTIC ISLE
CITY-ST-ZIP	SUNNY ISLES FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)