

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90142 036 ***158.75

DOCUMENT # P02000001355

1. Entity Name
CONTACT LENS HEAVEN, INC.



Principal Place of Business
**9874 NW 2 COURT
PLANTATION FL 33324**

Mailing Address
**9874 NW 2 COURT
PLANTATION FL 33324**

2. Principal Place of Business
**10097 Cleary Blvd
Suite, Apt. #, etc.
#235**

3. Mailing Address
**10097 Cleary Blvd
Suite, Apt. #, etc.
#235**

City & State
**Plantation FL
Zip 33324**

City & State
**Plantation FL
Zip 33324**

4. FEI Number
01-0562368

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SARRIS, PANAGIOTIS
9874 NW 2 COURT
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Joanna Karoumba**
Street Address (P.O. Box Number is Not Acceptable)
10097 Cleary Blvd #235
City **Plantation FL** Zip Code **33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

4-25-03

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

TITLE **D** ☒ Delete
NAME **SARRIS, PANAGIOTIS**
STREET ADDRESS **9874 NW 2 COURT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Joanna Karoumba**
STREET ADDRESS **10097 Cleary Blvd #235**
CITY-ST-ZIP **Plantation FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

DATE

954-424-4546

DAYTIME PHONE #

CR2E034 (10/02)