FROM : LISA E SHARRON CPA PA FAX NO. : 9547488021

**FILED**
**Mar 28, 2003 8:00 am**
**Secretary of State**
03-28-2003 90054 003 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000127462

1. Entity Name
Lens Expo . com, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1674 Meridian Ave
Suite, Apt. #, etc.
City & State
Miami Beach, FL
Zip 33139 Country USA

3. Mailing Address
1674 Meridian Ave
Suite, Apt. #, etc.
DO NOT WRITE IN THIS SPACE
City & State
Miami Beach FL
Zip 33139 Country USA

4. FEI Number
04-3598352
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
New Bev Nissan
Street Address (P.O. Box Number is Not Acceptable)
1674 Meridian Ave
City Miami Beach FL Zip Code 33139

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

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 **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE<br>NAME Ort Sahar<br>STREET ADDRESS 1674 Meridian Ave<br>CITY-ST-ZIP Miami Beach 33139 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME New Bev Nissan<br>STREET ADDRESS 1674 Meridian Ave<br>CITY-ST-ZIP Miami Beach FL 33139 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DO NOT WRITE IN THIS SPACE |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and complete 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:** X [signature] X [signature] 3/26/03 305-538-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone