

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91059 023 \*\*\*150.00

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DOCUMENT # P02000052665

1. Entity Name  
EUROPTICAL, INC.



Principal Place of Business  
6995 NW 186 ST STE 506  
MIAMI FL 33015

Mailing Address  
6995 NW 186 ST STE 506  
MIAMI FL 33015



2. Principal Place of Business

1600 N.E. 135 Street

3. Mailing Address

1600 N.E. 135 Street

Suite, Apt. #, etc.

#410-I

Suite, Apt. #, etc.

#410-I

☐ CHECK HERE IF MAKING CHANGES

City & State

NORTH MIAMI - FL

City & State

NORTH MIAMI - FL

4. FEI Number

03-0441652

Applied For

Not Applicable

Zip

33181-1728

Country

USA

Zip

33181-1728

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, VALMIR M.M.  
6995 NW 186 ST STE 506  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

LILIANA M. DA SILVA

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

1600 N.E.

~~135th Street #410-I~~

City

NORTH MIAMI

FL

Zip Code

33181

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

Liliana Miranda da Silva

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/17/03

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  
NAME DA SILVA, VALMIR M.M.  
STREET ADDRESS 6995 NW 186 ST STE 506  
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE D  
NAME VIDAL, JOSE  
STREET ADDRESS 6995 NW 186 ST STE 506  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE D  
NAME DA SILVA, LILIANA  
STREET ADDRESS 6995 NW 186 ST STE 506  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DA SILVA, LILIANA  
STREET ADDRESS 1600 N.E. 135 ST. #410-I  
CITY-ST-ZIP NORTH MIAMI - FL-33181 ☒ Change ☐ Addition

TITLE V  
NAME VIDAL, JOSE  
STREET ADDRESS 1600 N.E. 135 ST. #410-I  
CITY-ST-ZIP NORTH MIAMI - FL-33181 ☒ Change ☐ Addition

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

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

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

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

JOSE VIDAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03

Date

788-5435823

Daytime Phone #

CR2E034 (10/02)