2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT P02000064895 **DOCUMENT #**

SILVESTRE ANDRES OPTICAL INC.



FILED Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90349 019 ***150.00

Principal Plac 1268 PALM AV HIALEAH FL 3		Mailing Address 1268 PALM AVE HIALEAH FL 33010		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 30 65 82 2 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
ال بليد دي موسعي المرابي المرابي الموسعية المرابي الموسعية المرابية الموسعية المرابية المرابية المرابية المرابية			Name	· · · · · · · · · · · · · · · · · · ·
ANDRES, ORQUIDEA			Street Address	s (P.O. Box Number is Not Acceptable)
1268 PALM AVE			- Chrose Address	Service to the Moderatory
HIALEAM I	HIALEAH FL 33010			
· .			City	FL Zip Code
SIGNATURE .		50.00	i: Registered Agent signature requi	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRES, ORQUIDEA 1268 PALM AVE HIALEAH FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDRES, JUAN R 1268 PALM AVE HIALEAH FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME .		☐ Delete	TITLE NAME	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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

Date

Daytime Phone #

Change

☐ Addition

Attachment

90142782 #70200004895

JULY 10, 2003

FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN

THIS LETTER IS TO NOTIFY YOU THAT I DID NOT RECEIVE THE UNIFORM 2003 BUSINESS REPORT IN JANUARY, FOR MY CORPORATION SILVESTRE ANDRES OPTICAL FEI. 75-3065822. I AM A NEW CORPORATION AND WAS NOT AWARE THAT I HAD TO FILE THIS REPORT. I HAVE ENCLOSED, A CHECK FOR \$ 150.00, PLEASE WAIVE THE LATE FEE. I AM AWARE NOW THAT IF I DO NOT RECEIVE IN JANUARY THIS REPORT I MUST NOTIFY YOUR OFFICE.

IF ANY QUESTIONS PLEASE CALL ME AT 305-885-2020

SINCERELY,

ORQUIDEA ANDRES

PRESIDENT 3