

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90416 037 \*\*\*150.00

**DOCUMENT # P38385**

1. Entity Name

**JAMAR OPTICAL, INC.**

Principal Place of Business

Mailing Address

19101 MYSTIC POINTE DR. #1507  
NORTH MIAMI BEACH FL 3318019101 MYSTIC POINTE DR. #1507  
NORTH MIAMI BEACH FL 33180-4517**00079171**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**20940 NE 31 place**  
Suite, Apt. #, etc.**20940 NE 31 place**  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

**AVENTURA FL****AVENTURA FL**

4. FEI Number

**23-2181874**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33180****33180**5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSS, LOUIS**  
19101 MYSTIC POINTE DR., #1507  
NORTH MIAMI BEACH FL 33180

Name

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

City

**FL**

Zip Code

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, 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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **CPS**  
STREET ADDRESS **GROSS, LOUIS**  
CITY-ST-ZIP **19101 MYSTIC PT. DR.1507**  
**NO. MIAMI BCH. FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **20940 NE 31 PLACE**  
CITY-ST-ZIP **AVENTURA FL 33180**TITLE ☐ Delete  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 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

Date

Daytime Phone #

CR2E034 (9/98)