

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90088 026 ***150.00

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DOCUMENT # P93000013388

1. Entity Name

OPTICAL ELEMENTS, INC.

Principal Place of Business

**9 ISLAND AVE
 609
 MIAMI BEACH FL 33139
 US**

Mailing Address

**9 ISLAND AVE
 609
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

**11900 BISCAYNE BLVD
 Suite, Apt. #, etc. 608**

3. Mailing Address

**11900 BISCAYNE BLVD
 Suite, Apt. #, etc. 608**

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0389473

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ELLIS, GLORIA
 9 ISLAND AVE
 NO 609
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **ELLIS, SCOT**

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

11900 BISCAYNE BLVD #608

City **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.

SIGNATURE

SCOT E. ELLIS Vice President

3/28/02

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, 2002 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

TITLE **POT** ☐ Delete
 NAME **ELLIS, GLORIA**
 STREET ADDRESS **9 ISLAND AVENUE, NO. 609**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VPSD** ☐ Delete
 NAME **ELLIS, SCOTT E**
 STREET ADDRESS **9 ISLAND AVE. NO. 609**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **POT** ☒ Change ☐ Addition
 NAME **ELLIS, GLORIA**
 STREET ADDRESS **11900 BISCAYNE BLVD #608**
 CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **VPSD** ☒ Change ☐ Addition
 NAME **ELLIS, SCOTT E**
 STREET ADDRESS **11900 BISCAYNE BLVD #608**
 CITY-ST-ZIP **MIAMI, FL 33181**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 another like empowered.

SIGNATURE:

SCOT E. ELLIS Vice President

Date

Daytime Phone #

CR2E034 (9/01)