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FILED
Jun 20, 2001 8:00 am
Secretary of State
05-12-2001 90008 025 ***158.75

[redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94000048998

1. Entity Name: I SEE OPTICAL, INC.

(LR)

Principal Place of Business

Mailing Address: I See Optical, 1873 N 66TH Ave, Hollywood FL 33024

2. Principal Place of Business	3. Mailing Address
1873 N 66TH Ave	I See Optical
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1873 N 66TH Ave
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33024 Country:	Zip: 33024 Country:

4. FEI Number: 650499397 ☐ Applied For ☐ Not Applicable

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
Name: Luis A. Quinones
Street Address (P.O. Box Number is Not Acceptable): 940 N. 74 Terr
City: Hollywood FL Zip Code 33024

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] 6/15/01
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, 2001 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	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Carmen Quinones	NAME	
STREET ADDRESS	940 N. 74 Terr	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33024	CITY-ST-ZIP	
TITLE	Vice-President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Luis A. Quinones	NAME	
STREET ADDRESS	940 N. 74 Terr	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33024	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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] 4/24/01 (954)981-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #