

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90118 001 ***150.00

DOCUMENT # P94000090446

1. Entity Name
GABLES VISION OPTICAL, INC.

| | |
|--|--|
| Principal Place of Business 3737 SW 8TH ST SUITE 102 CORAL GABLES FL 33134 US | Mailing Address 3737 SW 8TH ST SUITE 102 CORAL GABLES FL ## ## US |
|--|--|

UUU4000J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0539268**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**AWAD, ABRAHAM
 3737 S.W. 8TH STREET
 CORAL GABLES FL 33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | P AWAD, ABRAHAM 21170 MAIN SAIL CIR C11 AVENTURA FL 33180 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D AWAD, LAYLA 21170 MAIN SAIL CR C11 AVENTURA FL 33180 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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]* **4/25/01** **305 447 0702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0177777

CR2E034 (10/00)