

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90067 014 ***150.00

0030220 AV

DOCUMENT # P95000020747

1. Entity Name

SIGNATURE EYEWEAR INC.



Principal Place of Business

**604-B DUVAL ST
KEY WEST FL 33040**

Mailing Address

**604-B DUVAL ST
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0591655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OTMANI, ZHARA
604-B DUVAL ST
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **OTMANI, ZHARA**
STREET ADDRESS **604-B DUVAL ST**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

Date

Daytime Phone #

CR2E034 (4/03)



Friedman, Feldmesser & Karpeles, CPA, LLC

Attachment

Kenneth R. Friedman, CPA
Mark S. Feldmesser, CPA
Richard L. Karpeles, CPA
www.ffkcpa.com

July 28, 2003

Florida Department of State
Division of Corporations
UBR Report Filings
PO Box 1500
Tallahassee FL 32302-1500

80134336
P95000020747

Re: Signature Eyewear Inc. P95000020747

Dear Sirs:

We are the accountants for the above named corporation.

The officer has stated that the original request was never received. Accordingly enclosed is the completed UBR and a check in the amount of \$150.

We would appreciate your accepting this check as full payment and establish the company as active and in compliance.

Thank you for your help.

Very truly yours,


Mark S. Feldmesser CPA