

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091748

1. Entity Name

EUROLUX EYEWEAR, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90044 011 \*\*\*150.00

Principal Place of Business

7220 NORTHWEST 36TH STREET  
SUITE 307  
MIAMI FL 33166

Mailing Address

7220 NORTHWEST 36TH STREET  
SUITE 307  
MIAMI FL 33172-2165

2. Principal Place of Business

2335 N.W. 107TH Ave.

Suite, Apt. #, etc.

Suite 2M57

City & State

Miami, Fla.

Zip

33172

Country

USA

3. Mailing Address

2335 N.W. 107TH Ave.

Suite, Apt. #, etc.

Suite 2M57, Box 106

City & State

Miami, Fla.

Zip

33172

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0652642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANKIN, JANE C  
KUBICKI DRAPER, SUITE 1600  
1 EAST BROWARD BLVD.  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

TITLE D  
NAME LAL, ANIL ☐ Delete  
STREET ADDRESS 7220 NORTHWEST 36TH STREET, SUITE 307  
CITY-ST-ZIP MIAMI FL 33166

TITLE VP  
NAME LAL, MARIBEL ☐ Delete  
STREET ADDRESS 7220 NW 36 ST  
CITY-ST-ZIP MIAMI FL 33166

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 DP ☒ Change ☐ Addition  
NAME Lal, Anil  
STREET ADDRESS 2335 N.W. 107TH Ave., Ste. 2M57  
CITY-ST-ZIP Miami, FL 33172

TITLE VT ☒ Change ☐ Addition  
NAME Lal, Maribel  
STREET ADDRESS 2335 N.W. 107TH Ave., Ste. 2M57  
CITY-ST-ZIP Miami, FL 33172

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000  
Date

305 715 7350  
Daytime Phone #

CR2E034 (9/99)