

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90010 045 ***150.00

DOCUMENT # P96000007233

1. Entity Name
UNIVERSAL OPTICS GROUP, INC.

Principal Place of Business
12 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address
12 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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

65-0649044

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

HORESH, MELANIE
333 ATLANTIC ISLE
SUNNY ISLES FL 33160

Name

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

16711 Collins Ave. #1701

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HORESH, MELANIE**
STREET ADDRESS **333 ATLANTIC ISLE**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

☒ Change ☐ Addition
TITLE
NAME **16711 Collins Ave #1701**
STREET ADDRESS **Sunny Isles FL 33160**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HORESH, YARON**
STREET ADDRESS **333 ATLANTIC ISLE**
CITY-ST-ZIP **SUNNY ISLE FL 33160**

☒ Change ☐ Addition
TITLE
NAME **5445 Collins Ave. Tower**
STREET ADDRESS **Miami Bch FL 33140**
CITY-ST-ZIP **Suite 4**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
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:

Melanie Horesch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 954-458-8108
 Date Daytime Phone #

CR2E034 (9/01)