

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90016 031 \*\*\*150.00

0083495 AV

**DOCUMENT # P96000039760**

1. Entity Name

**GRAND OPTICAL OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

2901 CLINT MOORE DR  
 #156  
 BOCA RATON FL 33496

2901 CLINT MOORE DR  
 #156  
 BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

2901 Clint Moore Rd

2901 Clint Moore Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #156

PMB #156

City & State

City & State

Boca Raton FL

Boca Raton, FL

Zip 33496-2041

Country U.S.A.

Zip 33496-2041

Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0664312

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

FRIDMAN, ESTHER  
 2901 CLINT MOORE DR  
 #156  
 BOCA RATON FL 33496

Name

Esther B. Fridman

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

6101 Via Venetia North

City

Delray Beach

FL

Zip Code

33481

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

Esther B. Fridman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Esther B. Fridman

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 \$550.00**

**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME D  
 STREET ADDRESS FRIDMAN, RUBEN C  
 CITY-ST-ZIP 2901 CLINT MOORE DR #156  
 BOCA RATON FL 33496

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 another like empowered.

SIGNATURE:

Esther B. Fridman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-01

Date

561-496-6986

Daytime Phone #

CR2E034 (5/01)