2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000042730** 1. Entity Name SUNGLASS HUT INTERNATIONAL, INC. 01-30-2001 90213 009 ***150.00 Principal Place of Business Mailing Address 255 ALHAMBRA CIRCLE 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business Mailing Address 55 Albambra Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0667471 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCDE TITLE ☐ Delete TITLE ☐ Change ☐ Addition WTSON, J X NAME NAME 255 ALHAMBRA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PITA, GEORGE L. NAME NAME STREET ADDRESS 255 ALHAMBRA CIR. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP Sc. Vice President Delete TITLE Change Addition PETERSEN, LARRY G NAME NAME 255 ALHAMBRA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HAUSELINE, JAMES N. NAME NAME 255 ALHAMBRA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL** CITY-ST-7IP AS TITLE Delete TITLE ☐ Change ■ Addition LOPEZ, VICTOR NAME NAME 255 ALHAMBRA CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a address with all other like empowered.

Steve Pattison

TURE AND POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR