## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000054833** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name OPTICAL STYLE ITALY INC. 04-07-2000 90050 044 \*\*\*150.00 Principal Place of Business Mailing Address 220 71 ST. ST. 220 71 ST. ST. STE 213 STE 213 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-3215 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0747081 Not Applicable Zip Country Country \$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 CHIARATO, UGO Street Address (P.O. Box Number is Not Acceptable) 220 71ST. ST. STE. 213 MIAMI BEACH FL 33141 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 DPST ☐ Change Addition Delete TITLE TITLE POLLIO, NICOLA NAME NAME STREET ADDRESS 220 71ST. ST., STE. 213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition ☐ Change Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GNATURE: 45 Care E 80 R 9 HACH 30, 2000 (305) 868.7060