2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000081438** May 08, 2000 8:00 am 1. Entity Name Secretary of State BSA OPTICS, INC. 05-08-2000 90210 016 ***150.00 Principal Place of Business Mailing Address 3911 SW 47TH AVE 3911 SW 47TH AVE SUITE 914 **SUITE 914** DAVIE FL 33314 **DAVIE FL 33314-2818** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT, WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0706903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LICKSTEIN, FRED K Street Address (P.O. Box Number is Not Acceptable) C/O FOWLER, WHITE, BURNETT 100 SOUTHEAST 2ND ST. SEVENTEENTH FL **MIAMI FL 33131** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Delete TITLE TITLE SALVA, JUAN CARLOS CA NAME NAME JUAN CARLOS CASAS, 911 SW 47 TH AVE STE 914 FURT LAMAGENANT 6 122211 3911 SW 47TH AVE., STE 914 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 Change ☐ Addition ☐ Delete TITLE TITLE SALVA, ANTONIO CASAS CASAS AN TUNIO 3911 SW 47TH AVE SPE 914 FURT LAHGERDAUE FL 33314 NAME NAME STREET ADDRESS 0883 SANT BOI LLOBREGAT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BARCELONA SP** Change ■ Addition TITLE ☐ Delete SALVA, FRANSISCO CASA NAME FRANSISCO CASAS 0883 SANT BOI LLOBREGAT STREET ADDRESS STREET ADDRESS SW 47TH AUG STEP CITY-ST-ZIP CITY-ST-ZIP BARCELONA SP TITLE TITLE ☐ Change Addition LAROSA, DON J NAME 3911 SW 47TH AVE., STE 914 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition 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.