

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088650

1. Entity Name

TREASURE ISLAND SUNGLASS SHOPS, INC.



**FILED**  
Jun 14, 2001 8:00 am  
Secretary of State

05-03-2001 91117 006 \*\*\*150.00

Principal Place of Business  
2300 W. SAMPLE ROAD  
#300  
POMPANO BEACH FL 33073

Mailing Address  
2300 W. SAMPLE ROAD  
#300  
POMPANO BEACH FL 33073

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0731327 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CARCIONI, SAMUEL F  
2300 W. SAMPLE ROAD  
#300  
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent  
Name: DAVID P. NASSIF  
Street Address (P.O. Box Number is Not Acceptable): 14544 BUDDOCK OAK DR.  
City: ORLANDO FL 32837-4945

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] PRESIDENT DATE: 4/30/01

(NOTE: Registered Agent signature required when renewing)

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NASSIF, DAVID<br>2900 W. SAMPLE RD. #6301<br>POMPANO BEACH FL 33073<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SHARRON, JOSEE<br>2900 W. SAMPLE RD. #6301<br>POMPANO BEACH FL 33073<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: [Signature] DATE: 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)