2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PR

FILED DOCUMENT # **P96000099777** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** CELEBRITY OPTIC, INC. 01-24-2000 90008 039 ***150.00 Principal Place of Business Mailing Address 150 WORTH AVE. 150 WORTH AVE. PALM BEACH FL 33480-4433 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 1502 E. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ame Applied For City & State 4. FEI Number 65-0736353 Not Applicable Zip Country \$8.75 Additional 2830 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIELDS, GARY D Street Address (P.O. Box Number is Not Acceptable) ADMIRALTY TOWER, STE, 700 4400 PGA BLVD. PALM BEACH GARDENS FL 33410 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 12. ☐ Change ☐ Addition **DPTS** ☐ Delete TITLE TITLE NAME FRANZBLAU, BARRY NAME STREET ADDRESS STREET ADDRESS 3131 VILLAGE BLVD., STE. 306 CITY - ST - ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.