

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034270

1. Entity Name

EMA EYEWEAR INC. R

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90003 027 ***150.00

Principal Place of Business
 1673 N. HIATUS ROAD
 PEMBROKE PINES FL 33026

Mailing Address
 1673 N. HIATUS ROAD
 PEMBROKE PINES FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0754532**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBENSTEEN, DARLENE
 1673 N. HIATUS ROAD
 PEMBROKE PINES FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) DATE _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	0	<input type="checkbox"/> Delete
NAME	RUBENSTEEN, D	
STREET ADDRESS	1673 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL 32626	
TITLE	0	<input type="checkbox"/> Delete
NAME	RUBENSTEEN, L	
STREET ADDRESS	1673 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL 32062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/6/00 (954) 432-0102
 Daytime Phone #

DR. LORRY RUBENSTEIN, O.D.

ADULT AND PEDIATRIC EYECARE

7-6-00

To Whom it May Concern,

I have much to my dismay just received a second notice from the FLORIDA Department of State, Division of Corporations. I never did receive the first notice. This has never happened to me before - I have an excellent credit history, pay all my bills on time, I am conscientious and diligent in complying to notices for payment on time. This second notice was sent to my place of business where as a rule I do receive my mail. I do apologize for not complying with the first payment notice but since I feel at this time it was possibly not my fault I request that you please waive the penalty fee.

Thank you for your time and understanding

yours truly -

