FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90383 022 ***150.00

DOCUMENT # P98000007079

1. Entity Name
LARICS OPTHALMIC TRADING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1825 SOUTH OCEAN DR.	1825 SOUTH OCEAN DR.
Suite, Apt. #, etc SUITE # 613	Suite, Apt. #, etc SUITE # 613
City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009 / Country	Zip 33009 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0817007
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CHARLES E. JEWETT

Street Address (P.O. Box Number is Not Acceptable)
2514 HOLLYWOOD BLVD
SUITE # 508

City
HOLLYWOOD FL Zip Code 33020

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 _____ DATE

9. Certified Copy (additional copy is available for certification) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUIS MEZRICH 1825 S. OCEAN DRIVE STE # 613 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARI MEZRICH 1825 S. OCEAN DRIVE STE # 613 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT SUISSA 1825 S. OCEAN DRIVE STE # 613 HALLANDALE, FL 33009
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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 an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS MEZRICH
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Telephone Number _____