2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # **P98000027492** Apr 28, 2000 8:00 am Secretary of State EYEGLASS WORLD EXPRESS "A", INC. 04-28-2000 90053 027 ***150.00 Principal Place of Business Mailing Address 3701 SOUTH CONGRESS AVENUE 3701 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461-3753 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0830270 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JASIEL, JON (deceased) Street Add 3701 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461 8. The above named entity subryits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed nan (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. DΡ ☐ Addition TITLE ☐ Delete MUSA, MARC'ANDREA NAME NAME 3701 SOUTH CONGRESS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP ☐ Addition Massimo Musa Delete TITLE JASIEL, JON (deceased) 3701 South Congress Avenue NAME NAME 3701 SOUTH CONGRESS AVENUE STREET ADDRESS STREET ADDRESS Lake Worth, FL 33461 CITY-ST-7IP LAKE WORTH FL 33461 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ 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-ZIP ☐ Addition ☐ Delete Change TITLE 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 entire the formation of the true that my name appears in Block 11 or Block 12 if