

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000027492**1. Entity Name
EYEGGLASS WORLD EXPRESS "A", INC.

Principal Place of Business 3701 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461	Mailing Address 3701 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461
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2. Principal Place of Business 3801 SOUTH CONGRESS AVENUE	3. Mailing Address 3801 SOUTH CONGRESS AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH FL	City & State LAKE WORTH FL
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4. FEI Number 65-0830270	Applied For <input type="checkbox"/> Not Applicable
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Zip 33461	Country	Zip 33461	Country
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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**ZIFRONY MATTHEW ESQ.
110 SOUTHEAST 6TH STREET
15TH FLOOR
FORT LAUDERDALE FL 33301 US

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 **MATTHEW ZIFRONY, ESQ.****06/20/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DVT	<input type="checkbox"/> Delete
NAME	MUSA MASSIMO	
STREET ADDRESS	3701 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSA MASSIMO	
STREET ADDRESS	3801 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE	DP	<input type="checkbox"/> Delete
NAME	MUSA MARC	
STREET ADDRESS	3701 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSA MARC'ANDREA	
STREET ADDRESS	3801 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33461	

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

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

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: Marc'Andrea Musa

D

06/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)