

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000044096**

1. Entity Name

ELEGANT OPTICAL CENTER INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90077 028 ***150.00

Principal Place of Business

11344 S.W. QUAIL ROOST DRIVE
MIAMI FL 33157

Mailing Address

11344 S.W. QUAIL ROOST DRIVE
MIAMI FL 33157-6567

A0000043

2. Principal Place of Business

11344 Quail Roost Drive

3. Mailing Address

11344 Quail Roost Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-0835668

Applied For

Not Applicable

Zip

33157

Country

Dade

Zip

33157

Country

Dade5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

MAIQUEZ-NOVOA, DRUMNIA
11330 S.W. 184TH STREET
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

11344 Quail Roost DriveCity
Miami**FL**Zip Code
33157

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

Drumnia Maiquez**1/10/2000**

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
MAIQUEZ, DRUMNIA
11330 SW 184TH STREET
MIAMI FL 33157 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAIQUEZ, DRUMNIA
11330 SW 184TH STREET
MIAMI FL 33157 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Drumnia Maiquez **1/10/2000** **305-278-9845**

Date

Daytime Phone #

CR20034 (9/99)