

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90005 005 \*\*\*550.00

**DOCUMENT # P98000062098**

1. Entity Name

**STERLING VISION OF ORLANDO, INC.**

Principal Place of Business

**1500 HEMPSTEAD TURNPIKE  
 EAST MEADOW NY 11554**

Mailing Address

**1500 HEMPSTEAD TURNPIKE  
 EAST MEADOW NY 11554**

2. Principal Place of Business

**100 Quentin Roosevelt Blvd.**

3. Mailing Address

**100 Quentin Roosevelt Blvd.**

Suite, Apt. #, etc.

**Suite 508**

Suite, Apt. #, etc.

**Suite 508**

City & State

**Garden City NY**

City & State

**Garden City NY**

Zip

**11530**

Country

**USA**

Zip

**11530**

Country

**USA**

6. Name and Address of Current Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
 4435 OLD WINTER GARDEN ROAD  
 ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO MCLEENEY, MICHAEL 1500 HEMPSTEAD TPKE EAST MEADOW NY 11554	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHASHATI, NICHOLAS 12228 BRANICOLE LANE SAN DIEGO CA 90129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TARMAN, PAUL 155 HEMPSTEAD DRIVE BLOOMINGDALE IL 60108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF PAPADOPOULOS, GEORGE 8600 BOULEVARD EAST 5F NORTH BERGEN NJ 07047	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVER, JOSEPH 12 SOUTH DR GREAT NECK NY 11021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFD/secretary Christopher Payan 612 White Avenue New Hyde Park, NY 11040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-C.O.O. Sammuel Herskowitz 83-09 Chevy Chase Street Jamaica, NY 11432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-C.O.O. Myles Lewis 7017 W. Melinda Ln. Glendale, AZ 85308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board Alan Cohen O.D. 3 Surrey Lane Old Westbury, NY 11568	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Cohen O.D. 25 Leaward Lane Queque NY 11959	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William F. Stasiar 3570 E. Calle Puerta Day Acero Tuscon, AZ 85718	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

Date

516-390-2193

Daytime Phone #

CR2E034 (9/01)