

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90117 045 ***150.00

DOCUMENT # P98000062098

1. Entity Name
STERLING VISION OF ORLANDO, INC.



Principal Place of Business
100 QUENTIN ROOSEVELT BLVD.
SUITE 508
GARDEN CITY NY 11530

Mailing Address
100 QUENTIN ROOSEVELT BLVD.
SUITE 508
GARDEN CITY NY 11530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3448218**

Applied For
Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFOS** ☐ Delete
NAME **PAYAN, CHRISTOPHER**
STREET ADDRESS **612 WHITE AVENUE**
CITY-ST-ZIP **NEW HYDE PARK NY 11040**

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

TITLE **CCOO** ☐ Delete
NAME **HERSKOWITZ, SAMMUEL**
STREET ADDRESS **83-09 CHEVY CHASE STREET**
CITY-ST-ZIP **JAMAICA NY 11432**

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

TITLE **CCOO** ☐ Delete
NAME **LEWIS, MYLES**
STREET ADDRESS **7017 W. MELINDA LN.**
CITY-ST-ZIP **GLENDALE AZ 85308**

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

TITLE **COB** ☐ Delete
NAME **COHEN, ALAN O.D.**
STREET ADDRESS **3 SURREY LANE**
CITY-ST-ZIP **OLD WESTBURY NY 11568**

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

TITLE **D** ☐ Delete
NAME **COHEN, RICHARD O.D.**
STREET ADDRESS **25 LEAWARD LANE**
CITY-ST-ZIP **QUOGUE NY 11959**

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

TITLE **D** ☐ Delete
NAME **STASIOR, WILLIAM F**
STREET ADDRESS **3570 E. CALLE PUERTA DAY ACERO**
CITY-ST-ZIP **TUCSON AZ 85718**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **(516)390-2110**
Date Daytime Phone #

CR2E034 (10/02)