

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062260

1. Entity Name

STERLING VISION OF THE FALLS, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ROBERT	
STREET ADDRESS	280 DOLPHIN DR	
CITY-ST-ZIP	WOODMERE NY 11598	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ALAN	
STREET ADDRESS	3 SURVEY LANE	
CITY-ST-ZIP	OLD WESTBURY NY 11561	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DARNELL, JERRY	
STREET ADDRESS	152 OLD WILLETS PATH	
CITY-ST-ZIP	SOUND BEACH NY 11789	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, WILLIAM	
STREET ADDRESS	12 WINDING LANE	
CITY-ST-ZIP	RONKONKOMA NY 11779	
TITLE	S	<input type="checkbox"/> Delete
NAME	SILVER, JOSEPH	
STREET ADDRESS	12 S DRIVE	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL McKeeney	
STREET ADDRESS	1500 HEMPSTEAD TPK	
CITY-ST-ZIP	EAST MEADOW, NY 11554	
TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLAS SHASHATI	
STREET ADDRESS	12228 BRANICOLE LANE	
CITY-ST-ZIP	SAN DIEGO, CALIF. 90129	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL TARMAN	
STREET ADDRESS	155 HEMPSTEAD DRIVE	
CITY-ST-ZIP	BLOOMINGDALE, ILL. 60108	
TITLE	VP-FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE PAPADOPOULOS	
STREET ADDRESS	8600 BOULEVARD EAST, 5F	
CITY-ST-ZIP	NORTH BERGEN, NJ. 07047	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Papadopoulos 4/17/01 (516) 390-2137

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90145 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)