

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90061 001 \*\*\*300.00

**DOCUMENT # P98000062260**

1. Entity Name  
**STERLING VISION OF THE FALLS, INC.**



Principal Place of Business  
**100 QUENTIN ROOSEVELT BLVD  
SUITE 508  
GARDEN CITY, NY 11530 US**

Mailing Address  
**100 QUENTIN ROOSEVELT BLVD  
SUITE 508  
GARDEN CITY, NY 11530 US**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**11-3481995**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 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. 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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COBD  
COHEN, ALAN OD  
3 SURREY LANE  
OLD WESTBURY, NY 11568 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COHEN, ROBERT OD  
315 LEAWARD LANE  
QUAGUE, NY 11959 ☐ Delete

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHIEF FINANCIAL OFFICER  
BRIAN ALESSI  
100 Quentin Roosevelt Blvd.  
Garden City, NY 11530 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHIEF EXECUTIVE OFFICER  
CHRISTOPHER PAYAN  
100 Quentin Roosevelt Blvd.  
Garden City, NY 11530 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
JOEL GOLD  
100 Quentin Roosevelt Blvd.  
Garden City, NY 11530 ☐ Change ☒ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-23-04**

Date

**(516) 390-2100**

Daytime Phone #