

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-04-2003 90117 043 ***150.00

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3481995**

Applied For
Not Applicable

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
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

TITLE	CFOS	<input type="checkbox"/> Delete
NAME	PAYAN, CHRISTOPHER	
STREET ADDRESS	612 WHITE AVENUE	
CITY-ST-ZIP	NEW HYDE PARK NY 11040	
TITLE	CCOO	<input type="checkbox"/> Delete
NAME	HERSKOWITZ, SAMMUEL	
STREET ADDRESS	83-09 CHEVY CHASE STREET	
CITY-ST-ZIP	JAMAICA NY 11432	
TITLE	CCOO	<input type="checkbox"/> Delete
NAME	LEWIS, MYLES	
STREET ADDRESS	7017 W MELINDA LANE	
CITY-ST-ZIP	GLENDAL AZ 85308	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	COHEN, ALAN OD	
STREET ADDRESS	3 SURREY LANE	
CITY-ST-ZIP	OLD WESTBURY NY 11568	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, ROBERT OD	
STREET ADDRESS	315 LEAWARD LANE	
CITY-ST-ZIP	QUAGUE NY 11959	
TITLE	D	<input type="checkbox"/> Delete
NAME	STASIOR, WILLIAM F	
STREET ADDRESS	3570 E CALLE PUERTA DAY ACERO	
CITY-ST-ZIP	TUCSON AZ 85718	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03
Date

(516) 390-2110
Daytime Phone #

CR2E034 (10/02)