

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068786

1. Entity Name

ULTIMATE OPTICAL, INC.

Principal Place of Business

3901 SW 47TH AVE
404 & 405
FT LAUDERDALE FL 33314

Mailing Address

5775 BLUE LAGOON DR.,STE.400
MIAMI FL 33126

2. Principal Place of Business

100 Mansell Court East

Suite, Apt. #, etc.

Suite 400

City & State

Roswell, GA

Zip

30076

Country

US

3. Mailing Address

100 Mansell Court East

Suite, Apt. #, etc.

Suite 400

City & State

Roswell, GA

Zip

GA 30076

Country

US

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90058 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0856480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	D	<input checked="" type="checkbox"/> Delete
NAME	BREIER, ROBERT G	
STREET ADDRESS	2800 PONCE DE LEON BLVD.,STE.1125	
CITY-ST-ZIP	CORAL GABLES FL 33134-6912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, MICHAEL A	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILINSKI, SCOTT F	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, HOWARD	
STREET ADDRESS	5775 BLUE LAGOON DR.,STE.400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, STANLEY I	
STREET ADDRESS	5775 BLUE LAGOON DR.,STE.400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	TIE SHUE, HENRY C	
STREET ADDRESS	5775 BLUE LAGOON DR.,STE.400	
CITY-ST-ZIP	MIAMI FL 33126	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David R. Klock	
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis A. Klock	
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce A. Mitchell	
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith J. Yoder	
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Groverman	
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Liane	
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	

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:

Bruce A. Mitchell

1/19/01

Date

770 998 8936

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)