

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-03-2001 90058 040 \*\*\*150.00

**DOCUMENT # P98000068786**

1. Entity Name  
**ULTIMATE OPTICAL, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>3901 SW 47TH AVE<br/>         404 &amp; 405<br/>         FT LAUDERDALE FL 33314</b> | Mailing Address<br><b>5775 BLUE LAGOON DR.,STE.400<br/>         MIAMI FL 33126</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>100 Mansell Court East</b> | 3. Mailing Address<br><b>100 Mansell Court East</b> |
| Suite, Apt. #, etc.<br><b>Suite 400</b>                         | Suite, Apt. #, etc.<br><b>Suite 400</b>             |
| City & State<br><b>Roswell, GA</b>                              | City & State<br><b>Roswell, GA</b>                  |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0856480</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                     |                      |                        |                      |
|---------------------|----------------------|------------------------|----------------------|
| Zip<br><b>30076</b> | Country<br><b>US</b> | Zip<br><b>GA 30076</b> | Country<br><b>US</b> |
|---------------------|----------------------|------------------------|----------------------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

|      |  |      |    |          |
|------|--|------|----|----------|
| 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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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* 1/19/01 770 998 8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)