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03 JUL -7 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085916

1. Entity Name
CONCEPTS IN OPTICS, INC.

Principal Place of Business	Mailing Address
5301 NW 74TH AVE MIAMI, FL 33166	2001 N.W. 125TH TERR. PEMBROKE PINES, FL 33028

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14072 N.W. 82nd Ave	6321 S.W. 186th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes	City & State: S.W. Ranches, FL
Zip: 33016 Country: Dade	Zip: 33332 Country: Broward

4. FEI Number 65-0867011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DARATA, RONALD 2001 N.W. 125TH TERR. PEMBROKE PINES, FL 33028	Name Street Address (P.O. Box Number is Not Acceptable): 6321 S.W. 186th Way City: S.W. Ranches FL Zip Code: 33332

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: RONALD L. DARATA — 7/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DARATA, RONALD 2001 N.W. 125TH TERR. PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHOUSE, CARL 3050 NW 42ND AVENUE POMPANO BEACH, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.F.O.	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500021338955 07/07/03--01029--012 **550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Carl Shouse — 7-2-03 — 305 477-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARL SHOUSE

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