

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089880

1. Entity Name

CONTACT LENS DISCOUNT CENTER, INC.

Principal Place of Business

350 SW 12 AVE
DEERFIELD BEACH FL 33442

Mailing Address

350 SW 12 AVE
DEERFIELD BEACH FL 33442

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 52-2125930

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

HOMER, PETER
100 SE 2 STREET STE 3400
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AKDAG, MENDO	
STREET ADDRESS	350 SW 12 AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	O'NEILL, BRIAN	
STREET ADDRESS	350 SW 12 AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Brian O'Neill Brian O'Neill

1/23/01

954-431-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90476 001 ***300.00



DO NOT WRITE IN THIS SPACE