## FOR PROFIT CORPORATION

attachment with an address, with

SIGNATURE:

**UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # P98000091152 1. Entity Name 03 NOV 24 AM 10: 03 JUST ONE LOOK FASHION EYEWEAR, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 11401 NW 12 STREET 11401 NW 12 STREET REINSTATEMENT Suite, Apt. #, etc. Suite. Apr. #, etc. STORE E200 STORE E200 City & State City & State 4. FEI Number Applied For 65-0987810 MIAMI, FL MIAMI, FL Not Applicable Country Country \$8.75 Additional 5. Conflicate of Status Doslind 33172 33,1.7,2. US US Fee Required 7. Name and Address of Current Registered Agent Name JACKY AMAR DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 11401 NW 12 STREET Gity MIAMI, FL 33172 8. The above named entity submits nt 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 re-JACKY AMAR 11-21-03 prided name of registered agent and life diapphositie. GIOTE Registered Agent agnistare registed when reinstation, DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE TITLE 200025024152 11/25/03--01021--012 \*\*\*450.00 HASSE JACKY AMAR MAME GIRLET AGORESS 11401 NW 12 STREET STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE DIE MANAGE NAME ORNA AMAR 11401 NW 12 STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CHTY-ST-ZIP TITLE me STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZiP TIBE HILE IN THIS SPACE PARKE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP HUL NAME NAME STREET ADDRESS STREET ADDRESS. CITY-S1-ZIP CITY-ST-ZIP HTH TITLE NAME NAME STREET ADDRESS STREET ADDRESS ONY-SI-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Floride Statutes. I further certify that the information indicated on this report or supplemental report in the accurate and that my signature shall have the same legal effect as it made under path; that I am an officer or the corporation or the receiver or trustee expressed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an

JACKY AMAR

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-406-3046

Daytime Phone #

11-21-03

## JUST ONE LOOK FASHION EYEWEAR, INC. 11401 NW 12<sup>th</sup> Street Store E200 Miami, FL 33172

11-21-03

Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

Re: P98000091152

To Whom It May Concern:

It has just come to my attention that my corporation has been dissolved for not filing its annual report.

My mailing address has changed and I never received my renewal documents.

Enclosed is a blank report that I have filled out along with a check for \$450.00 to cover the filing fees for the past three years.

Please accept this in full satisfaction of my filing requirements and abate any penalty that I may have been assessed.

Thank you,

Jacky Amar President