FILED
Aug 21, 2002 8:00 am
Secretary of State
08-21-2002 90085 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 0000 25543

1. Entity Name WATCH THIS OPTICAL INC
~~WATCH THIS INC~~
NC Not Filed (AM)

DO NOT WRITE IN THIS SPACE

[redacted]
124194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
521 LINCOLN ROAD		521 LINCOLN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI BEACH FL		City & State: MIAMI BEACH FL	
Zip: 33139	Country: USA	Zip: 33139	Country: USA

4. FEI Number 65-0918154 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name ALAN AMIEL
Street Address (P.O. Box Number is Not Acceptable) 521 LINCOLN ROAD
City MIAMI BEACH FL Zip Code 33139

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 Alan Amiel 4-27-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P, S, T, D	TITLE	
NAME	ALAN AMIEL	NAME	
STREET ADDRESS	521 LINCOLN ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Amiel 4-27-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CALL ME 305-710 7243