

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90005 040 ***550.00

DOCUMENT # P99000054777

1. Entity Name
FLAMI OPTICAL INC.

Principal Place of Business

780 NW LEJEUNE ROAD
 STE 427
 MIAMI FL 33126

Mailing Address

780 NW LEJEUNE ROAD
 STE 427
 MIAMI FL 33126

2. Principal Place of Business

782 NW LEJEUNE RD STE 439

Suite, Apt. #, etc.

439

3. Mailing Address

782 NW LEJEUNE RD

Suite, Apt. #, etc.

439

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0927806

Applied For

Not Applicable

Zip
 33126

Country

MIAMI-DADE

Zip
 33126

Country

MIAMI-DADE

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

CRUZ, FELIX D
 780 NW LEJEUNE ROAD
 STE 427
 MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

782 NW LEJEUNE RD

STE 439

City

MIAMI

FL

Zip Code

33126

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P.S.D
 JOSEPH MERLE
 782 NW LEJEUNE RD STE 439
 MIAMI, FL 33126 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ 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:

USE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)