## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the received

SIGNATURE:

## FILED DOCUMENT # P99000061569 Mar 20, 2000 8:00 am **Secretary of State** FACTORY DIRECT EYEWEAR, INC. 03-20-2000 90028 019 \*\*\*150.00 Principal Place of Business Mailing Address 398 CAMINO GARDENS BLVD..STE.209 398 CAMINO GARDENS BLVD..STE.209 BOCA RATON FL 33432-5827 **BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State oS-0933618 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANA BOUSSIDAN SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. **CORAL GABLES FL 33134** Zin Code 33432 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition CR2F034 (9/99 ☐ Delete TITLE BOUSSIDAN, DAVID NAME NAME 398 CAMINO GARDENS BLVD., STE. 209 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIE Addition Change TITLE LEE, JUNG II NAME NAME 398 CAMINO GARDENS BLVD..STE.209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGA RATON FL 33434 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE BOUSSIDAN, LANA R 39 8 CAMINO GARDENS BOCA RATON, F BOUSSIDAN, LANA R NAME NAME 398 CAMINO GARDENS BLVD., STE. 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapted or on a state-floring highly an address, with 41 to ther like empowered.