

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90138 026 \*\*\*150.00

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DOCUMENT # P99000061569

1. Entity Name

FACTORY DIRECT EYEWEAR, INC.

Principal Place of Business

Mailing Address

398 CAMINO GARDENS BLVD., STE. 209  
BOCA RATON FL 33434

398 CAMINO GARDENS BLVD., STE. 209  
BOCA RATON FL 33434

2. Principal Place of Business

4301 OAK CR.

3. Mailing Address

4301 OAK CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 17

Suite 17

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip 33431

Country USA

Zip 33431

Country USA

4. FEI Number 65-0933618

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOUSSIDAN, LANA  
398 CAMINO GARDENS BLVD  
STE 209  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name BOUSSIDAN, LANA

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

4301 OAK CR., #17

City BOCA RATON FL Zip Code 33431

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 Lana Boussidan LANA BOUSSIDAN

4-25-01

(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	PD	<input type="checkbox"/> Delete
NAME	BOUSSIDAN, DAVID	
STREET ADDRESS	398 CAMINO GARDENS BLVD., STE. 209	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BOUSSIDAN, LANA R	
STREET ADDRESS	398 CAMINO GARDENS BLVD., STE. 209	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4301 OAK CR. #17	
STREET ADDRESS	BOCA RATON, FL 33431	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4301 OAK CR. #17	
STREET ADDRESS	BOCA RATON, FL 33431	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lana Boussidan LANA BOUSSIDAN 4-25-01 561-395-9677

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)