

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90380 013 ***150.00

DOCUMENT # P99000084600

1. Entity Name

LOGIC OPTICS USA, INC.

Principal Place of Business

7220 N.W. 36th STREET
 SUITE 540
 MIAMI, FLORIDA 33166

Mailing Address

7220 N.W. 36th STREET
 SUITE 540
 MIAMI, FLORIDA 33166

2. Principal Place of Business

7220 N.W. 36th STREET
 Suite, Apt. #, etc.

SUITE 540

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Address

7220 N.W. 36th STREET
 Suite, Apt. #, etc.

SUITE 540

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

4. FEI Number

65-0960992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

768988

6. Name and Address of Current Registered Agent

KIM, MIKE H
 7220 N.W. 36th STREET
 SUITE 540
 MIAMI, FLORIDA 33166

7. Name and Address of New Registered Agent

Name

KIM, MIKE H

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

7220 N.W. 36th STREET

SUITE 540

City

MIAMI

FL

Zip Code

33166

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 \$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

TITLE D ☐ Delete
 NAME HAMMAD, IYAD
 STREET ADDRESS 1040 S.W. 10th AVE # 4
 CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D ☐ Delete
 NAME KIM, MIKE H
 STREET ADDRESS 7220 N.W. 36th STREET STE 540
 CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM - MIKE H

Date

Daytime Phone #

4/23/01

CR2E034 (11/00)