

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90333 020 \*\*\*150.00

**DOCUMENT # V39531**

**1. Entity Name**  
**EYEGLOSS CORNER, INC.**

**Principal Place of Business**

1602 ALTON ROAD  
SUITE 601  
MIAMI BEACH FL 33139

**Mailing Address**

1602 ALTON ROAD  
SUITE 601  
MIAMI BEACH FL 33139

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** 65-0336297

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**

BAEZ, ALBERTO J  
1602 ALTON RD  
#601  
MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

**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, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** VPT ☒ Delete  
**NAME** BELVEDER, HAYDEE  
**STREET ADDRESS** 1602 ALTON ROAD #601  
**CITY-ST-ZIP** MIAMI BEACH FL

**TITLE** PS ☐ Delete  
**NAME** BAEZ, ALBERTO J  
**STREET ADDRESS** 1602 ALTON ROAD #601  
**CITY-ST-ZIP** MIAMI BEACH FL

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

**TITLE** ☐ Change ☐ 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)(l), 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:** **ALBERTO BAEZ**

CR2E034 (4/02)

Attachment

TO : FLA. DEPARTMENT OF STATE 60131331  
DIVISION OF CORPORATIONS

#V3953

This Uniform Business Report for Eyeglass Corner Inc. was not available at the time of filing because the accountant was out of town for a family emergency and the check #3382 was sent along with a handwritten letter with the number of the Corporation. We don't know if you did not received that letter or we never received your letter sending the check back to be re-sent with the proper form.

~~Either way, we did not received;~~ then I called requesting the Uniform Business Report that now I am mailing with a new check that replaces the previous one, to be applied to the 2002 Report.

We appreciate it Sincerely;

Eyeglass Corner Inc.