

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42610

1. Entity Name

STERLING VISION OF PADDOCK MALL, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90084 001 ***750.00

1 2 2 6 4



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1500 HEMPSTEAD TURNPIKE
EAST MEADOW NY 11554
US

Mailing Address
1500 HEMPSTEAD TURNPIKE
EAST MEADOW NY 11554-1558
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3116294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	COHEN, ROBERT	
STREET ADDRESS	280 DOLPHIN DR	
CITY-ST-ZIP	WOODMERE NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	COHEN, ALAN	
STREET ADDRESS	3 SURREY LANE	
CITY-ST-ZIP	OLD WESTBURY NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JERRY, DANIEK	
STREET ADDRESS	152 OLD WILLET PATH	
CITY-ST-ZIP	SMITHTOWN NY 11787	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAM J YOUNG	
STREET ADDRESS	12 WINDING LN	
CITY-ST-ZIP	RUNKONKOMA NY 11779	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Darnell	
STREET ADDRESS	152 Old Willet Path	
CITY-ST-ZIP	Smithtown NY 11787	
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		
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:

William J Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)