## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # V42610** STERLING VISION OF PADDOCK MALL, INC. 04-25-2001 90134 001 \*\*\*150.00 Principal Place of Business Mailing Address 1500 HEMPSTEAD TURNPIKE 1500 HEMPSTEAD TURNPIKE EAST MEADOW NY 11554 EAST MEADOW NY 11554 n00401002. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 11-3116294 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLUMBERGEXCELSIOR CORPORATE SERVICES. INC. Street Address (P.O. Box Number is Not Acceptable) 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Z** Delete TITLE CEO TITLE COHEN, ROBERT NAME NAME michael mcheeney STREET ADDRESS 280 DOLPHIN DR 1500 Hempsterso Toke STREET ADDRESS CITY-ST-ZIP **WOODMERE NY** EAST MEADON NY 11554 CITY-ST-ZIP X Delete TITLE TITLE ☐ Change nicholas shashali COHEN, ALAN NAME NAME **3 SURREY LANE** STREET ADDRESS STREET ADDRESS 12228 Branicole Lane CITY-ST-ZIP OLD WESTBURY NY CITY-ST-ZIP 90/24 SANDIEGO, CALIF TITLE Delete TITLE JERRY, DARNELL NAME NAME PAUL TARMAN STREET ADDRESS 152 OLD WILLET PATH STREET ADDRESS CITY-ST-ZIP SMITHTOWN NY 11787 CITY-ST-ZIP TIT! F Delete TITLE Addition -FINANCE WILLIAM J YOUNG NAME NAME PAPADOPOULOS 12 WINDING LN STREET ADDRESS STREET ADDRESS od Bouledary **RUNKONKOMA NY 11779** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margalul George Papaopoules 4/17/01

Determine and Typed or Painted Name of Signing Officer on Director 2 Papaoopoules 4/17/01