2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42610 1. Entity Name STERLING VISION OF PADDOCK MALL, INC.

Principal Place of Business

1500 HEMPSTEAD TURNPIKE EAST MEADOW NY 11554

Mailing Address

1500 HEMPSTEAD TURNPIKE EAST MEADOW NY 11554



| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 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. 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. 8. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTORS IN 11 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Experiment and elects of New Registered Agent 18. Experiment and elects of New Registered Agent 19. Elector Certors of New Registered Agent 19. Elector Certors of State Address 10. Elector Certors of New Registered Agent 11. Certor Certors of New Registered Agent 12. ADDITIONS/CHANGES TO CEFTICERS AND DIRECTOR | Uð. | | US | | | I IBBI BUBL BIA I III BUBLINIS | | |
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| The country Caccompty The country Caccompty The country The | Oity & State | | | | | 4. FEI Number | | Applied For |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres | Under City, | | | | | 11-3116294 | | Not Applicable |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OID WINTER GARDEN ROAD ORLANDO*FL 32811 City FL Zip Code City FL Zip C | | | | | | 5. Certificate of Status Desired F | ¬ \$8.7 | 5 Additional |
| BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 435 OLD WINTER GARDEN ROAD ORLANDO*1, 32811 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE Growther, horself or process laime of registered agent, or both, in the State of Florida. DATE Growther, horself or process laime of registered agent, or both, in the State of Florida. Activity or process laime of registered agent, or both, in the State of Florida. DATE Growther, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE agent, horself or process laime of registered agent, or both, in the State of Florida. International process of the process laime of registered agent, or both, in the State of Florida. SIGNATURE agent, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE agent, horself or process laime of registered agent, or both, in the State of Florida. SIGNATURE agent, horself or process laime of registered agent, or both in the Florida. SIGNATURE agent, horself or process laime of regi | 11030 | 6 Name and Address of Comment | 111050 | 1 02H | | | Fee Re | equired |
| BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO*1, 32811 City | · | o. Name and Address of Current | Registered Agent | | | Name and Address of New Regist | ered Agent | |
| ASS OLD WINTER GARDEN ROAD ORLANDO*FL 32811 City FL Zip Code Cit | RITIMRE | DGEVCEI SIOD CODDODATE OFFI | OPO NIO | Name | | | | |
| City | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of the State of Florida. SIGNATURE Signature, typed or printed name of Florida. SIGNATURE Signature, typed or printed name of Florida name o | | | | | | | | |
| City FL Zip Code | ORLAND | 00¥L 32811 | | | <u></u> , | · | _ | |
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| 3. 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 Liferibas and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes Liferibas and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes Liferibas and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii). | | | | STREET ADDRESS | 3510 E | Calle Diette Trick | reco | |
| 3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes Lifetibes and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes Lifetibes and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vii). Florida Statutes Lifetibes and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vii). | | | | CITY-ST-ZIP | TUSCOC | 7 A7 8571 A | ~ | 1 |
| | I hereby control of | ertify that the information supplied with the | is filing does not qualify for t | he exemption state | ed in Section | 119.07(3)(i). Florida Statutos I further | cortify that ' | |

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>516-390-2193</u>