


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90237 045 \*\*\*150.00

**DOCUMENT #** P00000013224

**1. Entity Name**  
OPTI-INDUSTRIES, INC.



**Principal Place of Business**  
7236 NW 72 AVE  
MIAMI FL 33166

**Mailing Address**  
7236 NW 72 AVE  
MIAMI FL 33166

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HOLDEN, RUTH N L**  
**11800 BERRY DRIVE**  
**COOPER CITY FL 33026-3704**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDEN, CLETIS T	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026-3704	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDEN, GEORGE A	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026-3704	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDEN, JORGE T	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026-3704	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDEN, RUTH L	
STREET ADDRESS	11800 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026-3704	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANSOME, DAVID	
STREET ADDRESS	2420 BRICKELL AVE. SUITE 104B	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *TORGE T. HOLDEN, DIR.*      **03/28/03**      **(305) 805-9920**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)