2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am DOCUMENT # P00000071599 Secretary of State 05-10-2001 90129 050 ***150 00 Optin RESOURCES COM, INC Mailing Address SSOO N FEDERAL Huy 5500 N FEDERAL HWY RATON, FL 33487 BOCA RATION FL 33487 3. Mailing Address 2. Principal Place of Business 11443 H W. PALMETTO PKRD 11443 H W. PALMETTO PK RD. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State BOCA RATON, FL BOLA RATION 66-1031623 Not Applicable 33428 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORDAN LEVINSON JEFF PUSTILMIK Street Address (P.O. Box Number is Not Acceptable) 5500 N. FEDERAL HWY 11443 H. W. PALMETTO BOCK LATON FL 33487 6 antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DRDAN LEVINSON SIGNATURE or sinted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State -=-(See criteria on back)-----ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. LEVINSON, JORDAN ☐ Addition TITLE ☐ Delete TITLE JORDIW LEVINSON 11443 H W. PALMETTO PK RD NAME SSOO N. FEDERAL HWY STREET ADDRESS STREET ADDRESS BOCH RATE PL 33428
ZIMMERMAN, JASON BOLA RATION FL 33487 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE JUSON ZIMMERMAN 114434 W. PALMETTO PK RO BOXA RATON, FL 33425 NAME NAME 1691 KETTERING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 report are 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER C