2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040220

1. Entity Name
OPIE, INC.

Principal Place of Business	Mailing Address
999 WASHINGTON AVE MIAMI BEACH FL 33139	471 SW 8TH ST MIAMI FL 33130 US

FILED
01 OCT 30 AM 10:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1111 Lincoln Rd	471 SW 8 Street
Suite, Apt. #, etc. 810	Suite, Apt. #, etc. Miami, Fl.
City & State Miami Beach, FL	City & State
Zip 33139 Country USA	Zip 33130 Country USA

4. FEI Number 65-0848424 ☐ Applied For ☐ Not Applicable

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
WASSERMAN, MARTIN W ESQ 999 WASHINGTON AVE MIAMI BEACH FL 33139	Name: Lazaro Martinez Street Address (P.O. Box Number is Not Acceptable): City: Miami Beach FL Zip Code: 33139

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 _____ 10/22/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MARTINEZ, LAZARO 999 WASHINGTON AVE MIAMI BEACH FL 33139	☐ Delete	PSD Martinez, Lazaro 1111 Lincoln Road Miami Beach, FL. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FERNANDEZ, JOSE 999 WASHINGTON AVE MIAMI BEACH FL 33139	☐ Delete	VSD Fernandez, Jose 471 SW 8 Street Miami, Fl. 33130	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400004694354--0. -11/27/01--01017--018 ****750.00 ****750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: SIGNATURE REQUIRED 10/8/01 305/534-8734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CR2E034 (5/01)