

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000041267

**Entity Name:** OPTIMUMBANK**Current Principal Place of Business:**2477 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308**Current Mailing Address:**2477 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308**FEI Number:** 65-1041812**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BODNER, ARI L  
2477 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308 US*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:** ARI L BODNER

02/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PROCELLI, THOMAS A.  
Address 424 HENDRICKS ISLE  
UNIT 7  
City-State-Zip: FT. LAUDERDALE FL 33301

Title CHAIRMAN  
Name GUBIN, MOISHE  
Address 1230 RIDGEDALE RD  
City-State-Zip: SOUTHBEND IN 46614-2108

Title DIRECTOR  
Name SCHMIDT, MARTIN Z  
Address 6240 COPPER LAKE CT  
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR  
Name KLEIN, JOEL  
Address 203 ELM STREET  
City-State-Zip: WEST HEMPSTEAD NY 11552

Title DIRECTOR  
Name GINSPARG, NORMAN  
Address 3800 N 39TH AVE  
AVENUE  
City-State-Zip: HOLLYWOOD FL 33021-1806

Title DIRECTOR  
Name CLIFFORD, JOHN  
Address 8261 SE ANGELINA COURT  
City-State-Zip: HOBE SUND FL 33455

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS PROCELLI

DIRECTOR

02/24/2017

Electronic Signature of Signing Officer/Director Detail

Date