

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -9 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000527

1. Entity Name

OPC Capitalized Group, Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16144 SW 8th Street
Suite, Apt. #, etc.

3. Mailing Address

16144 SW 8th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1088527

Applied For

Not Applicable

Zip

Country

33027 USA

Zip

Country

33027 USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael Paganello

Street Address (P.O. Box Number is Not Acceptable)

16144 SW 8th Street

City

Pembroke Pines

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions

as Shown on record

\$2,152,811.96

10. Amount of Capital Contributions

in FLORIDA to date \$2,152,811.96

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # P01000024137
NAME OPC Capitalized Group, Inc.
STREET ADDRESS 16144 SW 8th ST.
CITY - ST - ZIP Pembroke Pines, FL 33027

STREET ADDRESS

CITY - ST - ZIP

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FF \$526.25

CLS 8.75

**DO NOT WRITE
IN THIS SPACE**

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***535.00 ***535.00

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Michael Paganello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/02 954 433 2501

Date

Daytime Phone #