

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002794

1. Entity Name

OPPORTUNITIES FOR PEOPLE WITH DISABILITIES, INC.



Principal Place of Business

Mailing Address

535 S. GRAMERCY PLACE, #606
LOS ANGELES CA 90020

535 S. GRAMERCY PLACE, #606
LOS ANGELES CA 90020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-0896558

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

SIEVERS, STEVEN A
11369 ASHBORO DRIVE
ORLANDO FL 32821

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME SIEVERS, O J
STREET ADDRESS 535 S. GRAMERCY PLACE, #606
CITY-ST-ZIP LOS ANGELES CA ☐ Delete

TITLE SD
NAME SIEVERS, STEVEN A
STREET ADDRESS 11369 ASHBORO DRIVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE TD
NAME BLANCO, CELESTE
STREET ADDRESS 608 CARMELITA AVE., UNIT B
CITY-ST-ZIP BELL CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

5-31-01 (213) 380-9441

FILED
Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90003 024 ****61.25

C0071126



DO NOT WRITE IN THIS SPACE

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