

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90412 048 ***150.00

DOCUMENT # F00000006063

1. Entity Name
OPTIUM CORPORATION

Principal Place of Business

3403 TECHNOLOGICAL AVE

2

ORLANDO FL 32817

Mailing Address

3403 TECHNOLOGICAL AVE

2

ORLANDO FL 32817

2. Principal Place of Business

2721 Discovery Drive

3. Mailing Address

2721 Discovery Drive

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Orlando FL

City & State

Orlando FL

Zip

32826

Country

USA

Zip

32826

Country

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-3684497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE CSO ☒ Delete
NAME LIKAMWA, PATRICK
STREET ADDRESS 880 KENSINGTON GARDENS COURT
CITY-ST-ZIP OVIEDO FL 32765

TITLE CTO ☒ Delete
NAME LI, GUIFANG
STREET ADDRESS 880 KENSINGTON GARDENS COURT
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO ☐ Change ☒ Addition
NAME Paul Suchoski
STREET ADDRESS 707 Brookside drive
CITY-ST-ZIP Indiatlantic FL 32903

TITLE President + CTO ☐ Change ☒ Addition
NAME Eitan Gertel
STREET ADDRESS 1389 Lamplighter LN
CITY-ST-ZIP Gwynedd, PA 19436

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)