

2001 UNIFORM BUSINESS REPORT (UBR)

4-9-01

DOCUMENT #

K21294

1. Entity Name

Opesa International, Inc.

Principal Place of Business

Mailing Address

FILED

01 APR 23 PM 12:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Grove Plaza

Scott B. Bennett, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

Second Floor

Grove Plaza

City & State 2900 Middle Street

City & State

Coconut Grove

Coconut Grove, FL

4. FEI Number

65-0047596

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33133

USA

33133

USA

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

Name

Scott B. Bennett

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

Grove Plaza, Second Floor

2900 Middle Street

City

Coconut Grove

FL

Zip Code 33133

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

Scott B. Bennett

4/7/01

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, 2001, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME Raul E. Vaccaro
STREET ADDRESS Grove Plaza, Second Floor FL 33133
CITY-ST-ZIP 2900 Middle Street, Coconut Grove,

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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

RAUL E. VACCARO

4/17/01

Date

305-444-9000

Daytime Phone #

CR2E034 (11/00)