FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91517 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10090045

DOCUMENT # K44457

1. Entity Name
OPAC ENTERPRISES INC.

Principal Place of Business	Mailing Address
1414 N.W. 107TH AVENUE MIAMI, FL 33172	1414 N.W. 107TH AVENUE MIAMI, FL 33172

2. Principal Place of Business	3. Mailing Address
1150-N.W-72nd AVE PH-2	1150-N.W. 72nd AVE
Suite, Apt. #, etc. PH-2	Suite, Apt. #, etc. PH-2
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33126 Country MIAMI-DADE	Zip 33126 Country MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0331602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z
7270 N.W. 12TH STREET
PENTHOUSE 1
MIAMI, FL 33126

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VDT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAPO, GERARDO		NAME	
STREET ADDRESS	1260 N.W. 72ND AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARDONA, GAIL		NAME	
STREET ADDRESS	1414 NW 107TH AVE 4TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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] GAIL CARDONA Secretary 4-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #