

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90314 018 ***158.75

1. Entity Name
O.T. 15, INC.

1023 NW 3RD AVE
MIAMI FL 33136
US

1023 NW 3RD AVE
MIAMI FL 33136
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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 \$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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

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: *Shayda Shumina* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 305-3744412
Date Daytime Phone #

(10) 100%