

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90112 040 ***150.00

DOCUMENT # *K60511*

1. Entity Name
Opti-lux Inc.

Principal Place of Business
124 Madeira Ave.
Coral Gables, FL 33134

Mailing Address
124 Madeira
Coral Gables, FL 33134

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0099237

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

6. Name and Address of Current Registered Agent
Cashillo, Basilio
3240 N.W. 4th
Coral Gables, FL 33125

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL**

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	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
PSD	Puyada de Castillo, Migdalia	3240 N.W. 4th	Coral Gables, FL	☐
TD	Puyada, Julian	124 Madeira Ave.	Coral Gables, FL	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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 changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE: *[Signature]* **04 24 02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date