

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90190 011 ***158.75

DOCUMENT # K85533

1. Entity Name

Optimum Engineering, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5626 High Flyer Rd.
Suite, Apt. #, etc.

3. Mailing Address
5626 High Flyer Rd.
Suite, Apt. #, etc.

80068252

DO NOT WRITE IN THIS SPACE

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
65-0121918

Applied For
Not Applicable

Zip
33418

Country
USA

Zip
33418

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jaisukhlal V. Chokshi
Street Address (P.O. Box Number is Not Acceptable)
5626 High Flyer Rd.

City
Palm Beach Gardens FL Zip Code
33418

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President/Director Chokshi, Jaisukhlal V. 5626 High Flyer Rd. Palm Beach Gardens, FL 33418
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaisukhlal V. Chokshi

PRESIDENT
Chokshi, Jaisukhlal V.

4/6/02 (561) 775-9392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #