

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90108 003 ***158.75

0086240 FP

DOCUMENT # K85533

1. Entity Name
OPTIMUM ENGINEERING, INC.



Principal Place of Business
**5626 HIGH FLYER ROAD
PALM BEACH GARDENS FL 33418
US**

Mailing Address
**5626 HIGH FLYER ROAD
PALM BEACH GARDENS FL 33418
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0424018 65-0123995

Applied For

Not Applicable

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

**CHOKSHI, JAISUKHLAL V.
5626 HIGH FLYER ROAD
PALM BEACH GARDENS FL 33418**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHOKSHI, JAISUKHLAL V.
5626 HIGH FLYER RD
PALM BEACH GARDENS FL 33418**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

(561) 694-2370

Daytime Phone #

CR2E034 (10/02)



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

Attachment

10074098
K85533

DATE OF THIS NOTICE: 06-30-89
EMPLOYER IDENTIFICATION NUMBER: 65-0123995
FORM NUMBER: 2553
TAX PERIOD: 12-31-89
07073615

For assistance you may
call us at:

1-800-424-1040

*WE ARE ~~NOT~~ USING
THIS NOW*

OPTIMUM ENGINEERING INC
8718 MAU-O-WAK RD
PALM BEACH GARDENS FL 33418

or you may write to us at the
address shown at the left. If you
write, be sure to attach the bottom
part of this notice.

NOTICE OF EMPLOYER IDENTIFICATION NUMBER ASSIGNED

In processing your tax form for the above tax period, we found that it did not show a valid Employer Identification Number (EIN) for the entity that was present on the tax form. We checked our records but could find no number that had been assigned to you. Since an Employer Identification Number is required by law, we are assigning you the one shown above.

1. Keep a copy of this number in your permanent records.
2. Use this number and your name exactly as shown above, on all Federal tax forms.
3. Use this number on all tax payments and tax related correspondence or documents.

Any variation used when filing tax returns, making FTD payments or subsequent payments may result in improper or delayed posting of payments to your account and/or the assignment of more than one EIN.

If you are a trust, your tax year generally must be a calendar year, unless you are exempt from taxation under section 501(a) of the Internal Revenue Code or a charitable trust described in section 4947(a)(1) of the Code. A partnership must conform its tax year of either its majority partners, its principle partners, or a calendar year, in that order, unless it can establish a business purpose for using a different year. Personal service corporation must have a required year for its tax year unless it can establish a business purpose for using a different year. See Publication 538, Accounting Periods and Methods, for a fuller discussion on the required year, including exceptions to the requirements. This publication is available at most IRS offices for more information.

Please complete the enclosed Form SS-4, Application for Employer Identification Number, and return it to us with the bottom part of this notice within 15 days. This is necessary so we have a complete record of your account. An envelope is enclosed for your convenience.

If we have made a mistake and you already have an employer identification number, please do not complete the enclosed Form SS-4. Instead, return the bottom portion of this notice and tell us the exact name and number as shown on the notice we sent assigning you that number.

Thank You for your cooperation.

*2ND NUMBER ASSIGNED, IRS TOLD US TO USE THIS ONE INSTEAD OF
65-0121918*