

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012327

1. Entity Name

OPM REALTY LLC

FILED

02 OCT -7 AM 11:03

Principal Place of Business

1655 PALM BEACH LAKES BLVD
SUITE 600
W PALM BEACH FL 33401

Mailing Address

1655 PALM BEACH LAKES BLVD
SUITE 600
W PALM BEACH FL 33401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

550 Heritage Drive

Suite, Apt. #, etc.

Suite 200

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach

3. Mailing Address

550 Heritage Drive

Suite, Apt. #, etc.

Suite 200

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1597802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATARESE, PAT D
1655 PALM BEACH LAKES BLVD
SUITE 600
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

PAT D. MATARESE

Street Address (P.O. Box Number is Not Acceptable)

550 Heritage Drive

Suite 200

City

Jupiter

FL

Zip Code

33458

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 \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

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-10/09/02--01065--002

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS-

TITLE MGRM
NAME MATARESE, PAT D MGRM
STREET ADDRESS 1655 PALM BEACH LAKES, BLVD, SUITE 600
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MATARESE, PAT D MGRM
STREET ADDRESS 550 Heritage Drive, Suite 200
CITY-ST-ZIP Jupiter, FL 33458

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PAT D. MATARESE MATARESE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/30/02

Date

561-277-1201

Daytime Phone #

CR2E083 (9/01)