

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006082

1. Entity Name

O.P.M. GROUP, L.C.

Principal Place of Business

3300 PGA BLVD., SUITE 810  
PALM BEACH GARDENS FL 33410

Mailing Address

3300 PGA BLVD., SUITE 810  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3801 PGA Blvd.

3. Mailing Address

3801 PGA Blvd.

Suite, Apt. #, etc.

806

Suite, Apt. #, etc.

806

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-1096079

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DONALD W  
2000 PGA BOULEVARD, SUITE 4410  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Peter V. De Sanctis

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

Hixson, Maria, De Sanctis - Company, P.A.

3801 PGA Blvd., Suite 806

City

Palm Beach Gardens

FL

Zip Code

33410

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

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member, Pres	<input type="checkbox"/> Delete
NAME	Peter V. De Sanctis	
STREET ADDRESS	3801 PGA Blvd., Suite 806	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 606, Florida Statutes.

SIGNATURE:

*[Signature]*

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

Date

Daytime Phone #

FILED  
May 24, 2002 8:00 am  
Secretary of State

04-22-2002 90240 038 \*\*\*\*50.00

86140



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)