

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90317 012 ***150.00

DOCUMENT # L23810

1. Entity Name
OPTIM PRODUCTS, INC.

Principal Place of Business
5600 NW 12 AVE.
STE. 301
FT. LAUDERDALE FL 33309
US

Mailing Address
5600 NW 12 AVE.
STE. 301
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business
900 N.W. 10 AVE
 Suite, Apt. #, etc.

3. Mailing Address
900 N.W. 10 AVE
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL
 Zip
33311
 Country
USA

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FT. LAUDERDALE, FL
 Zip
33311
 Country
USA

4. FEI Number
65-0154063

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRODY, MICHAEL L.
~~**5600 NW 12 AVE.**~~ **900 N.W. 10 AVE**
~~**STE. 301**~~
FT. LAUDERDALE FL 33309 **33311**

7. Name and Address of New Registered Agent

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.

SIGNATURE *Michael L. Brody*, PRESIDENT *MICHAEL L. BRODY* *4-12-02*
 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	<input type="checkbox"/> Delete
	P			
	BRODY, MICHAEL L.	900 N.W. 10 AVE		
	5600 NW 12 AVE.			
	FT. LAUDERDALE FL	33311		
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael L. Brody*, PRESIDENT *MICHAEL L. BRODY* *4-12-02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *954-771-9668*

CR2E034 (9/01)