

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-05-2002 90008 034 ***558.75

DOCUMENT # L42705

1. Entity Name

OPTIMA BUILDING INSPECTIONS, INC. ✓

Principal Place of Business

 1111 96 STREET
 SUITE 301
 BAY HARBOR FL 33154

Mailing Address

 P.O. BOX 545979
 SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0128073**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COIFFMAN, BERNARDO
4259 NAUTILUS DR.
MIAMI BEACH FL 33140

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	COIFFMAN, BERNARDO	1111 96 STREET BAY HARBOR FL 33154	<input type="checkbox"/>
	D	COIFFMAN, SARITA	4259 NAUTILUS DR. MIAMI BEACH, FL 33140	<input type="checkbox"/>
	D	COIFFMAN, SARITA	4259 NAUTILUS DR. MIAMI BEACH, FL 33140	<input type="checkbox"/>
	D	COIFFMAN, SARITA	4259 NAUTILUS DR. MIAMI BEACH, FL 33140	<input type="checkbox"/>
	D	COIFFMAN, SARITA	4259 NAUTILUS DR. MIAMI BEACH, FL 33140	<input type="checkbox"/>
	D	COIFFMAN, SARITA	4259 NAUTILUS DR. MIAMI BEACH, FL 33140	<input type="checkbox"/>
	D	COIFFMAN, SARITA	4259 NAUTILUS DR. MIAMI BEACH, FL 33140	<input type="checkbox"/>
	D	COIFFMAN, SARITA	4259 NAUTILUS DR. MIAMI BEACH, FL 33140	<input type="checkbox"/>

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

CR2E034 (4/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2002

Date

Daytime Phone #