

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73471

1. Entity Name

OPTICOM, INC.

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90096 011 ***150.00

Principal Place of Business

175 FONTAINEBLEAU BLVD
SUITE 2A
MIAMI FL 33172
US

Mailing Address

175 FONTAINEBLEAU BLVD
SUITE 2A
MIAMI FL 33172-4511
US

2. Principal Place of Business

7600 RED ROND
Suite, Apt. #, etc.
SUITE 309

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33143

Country

USA

Zip

Country

4. FEI Number

65-0194960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALIVAN, ROBERT F
175 FONTAINEBLEAU BLVD
SUITE 1G
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

7600 RED ROND

SUITE 309

City

Miami, Coral Gables FL

Zip Code

33143

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)

3/13/2000

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, 2000 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 P ☐ Delete
NAME GALIVAN, ROBERT F
STREET ADDRESS 175 FONTAINEBLEAU BLVD, STE. 2A
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7600 RED ROND, ST 309
CITY-ST-ZIP Coral Gables, FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/13/2000
Date

305-668-4276
Daytime Phone #

CR25024 (9/00)