

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-25-2002 90024 034 ****61.25

DOCUMENT # NO1000005922

1. Entity Name

SOUTH FLORIDA REGIONAL SECTION, INSTITUTE OF FOOD TECHNOLOGISTS, INC.

Principal Place of Business

Mailing Address

OPUS INTERNATIONAL, INC.
1191 E NEWPORT CENTER DR. PH-E
DEERFIELD BEACH FL 33442

OPUS INTERNATIONAL, INC.
1191 E NEWPORT CENTER DR. PH-E
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0009500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRATH, MOIRA
%OPUS INTERNATIONAL, INC.
1191 E NEWPORT CENTER DR, PH-E
DEERFIELD BEACH FL 33442

Name MOIRA MCGRATH BRAUS

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

(name change only - marriage)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Delete
NAME MOIRA MCGRATH
STREET ADDRESS 1191 E Newport Center Dr # PH-E
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE MOIRA MCGRATH BRAUS ☒ Change ☐ Addition
NAME (name change only - marriage)
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Delete
NAME AL GERITKE
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME AL GERITKE
STREET ADDRESS 450 SW 12th Ave
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME SARAH LATAS-Zymski
STREET ADDRESS 1191 E Newport Center Dr # PH-E
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOIRA MCGRATH BRAUS

1/8/02

954428-3888

Date

Daytime Phone

CR2E037 (9/01)