

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90634 003 ****61.25

0072812

DOCUMENT # N96000000452

1. Entity Name

OPSAIL MIAMI 2000, INC.

Principal Place of Business

1015 N. AMERICAN WAY
 MIAMI FL 33132

Mailing Address

1015 N. AMERICAN WAY
 MIAMI FL 33132

2. Principal Place of Business

9961 E. BROADVIEW DR

Suite, Apt. #, etc.

3. Mailing Address

9961 E. BROADVIEW DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BAY HARBOR IS, FL

City & State

BAY HARBOR IS, FL

4. FEI Number

65-0659188

Applied For

Not Applicable

Zip 33154

Country USA

Zip 33154

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOTNICK, HOWARD
 9961 E. BROADVIEW DRIVE
 BAY HARBOR ISLANDS FL 33154

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

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 **D** Delete
 NAME **MAGUIRE, AMELIA R**
 STREET ADDRESS **1200 BRICKELL AVE.**
 CITY-ST-ZIP **MIAMI FL 33101**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SLESNICK, DONALD**
 STREET ADDRESS **10680 NW 25TH ST. STE. 202**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME **CHAIRMAN**
 STREET ADDRESS **HOWARD SLOTNICK**
 CITY-ST-ZIP **9961 E. BROADVIEW DR BAY HARBOR ISLANDS, FL 33154**

TITLE **TD** Delete
 NAME **PRUITT, PETER**
 STREET ADDRESS **100 SE 2ND ST.**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CRISTOL, A.J.**
 STREET ADDRESS **51 SW 1ST AVE.**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **MCDONALD, JAMES L**
 STREET ADDRESS **1020 PORT BLVD.**
 CITY-ST-ZIP **MIAMI FL 33132**

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: Howard Slotnick, Chairman 3/22/02 305-861-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)