2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Jan 28, 2004 08:00 AM DOCUMENT # N96000000452 Secretary of State 1. Entity Name OPSAIL MIAMI 2000, INC. Mailing Address Principal Place of Business 9961 E BROADVIEW DR BAY HARBOR ISLANDS FL 33154 9961 E BROADVIEW DR BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0659188 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLOTNICK, HOWARD 9961 E. BROADVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) BAY HARBOR ISLANDS FL 33154 City 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed hame of registered agent and fille if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TERF TITLE MAGUIRE, AMELIA R NAME 000000016014 NAME 1200 BRICKELL AVE. STREET ADDRESS 01/28/04-80037-021 61.25 STREET ADDRESS MIAMI FL 33101 CETY-ST-ZEP CITY - ST-ZIP Delete ☐ Change Addition TITLE TITLE SLOTMICK, HOWARD NAME NAME 9961 E BROADVIEW DR STREET ADDRESS STREET ADDRESS BAY HARBOR ISLANDS FL 33154 CITY-ST-7IP CITY-57-23P Change Addition Addition ☐ Detete TITLE TITLE CRISTOL, A.J. NAME NAME 51 SW 1ST AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP City-St-ZiP CRV ☐ Change Addition Delete TILLE TITLE MCDONALD, JAMES L NAME NAME 1020 PORT BLVD. STRELT ADDRESS STREET ADDRESS MIAMI FL 33132 CRTY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CATY - ST - ZIP Change ☐ Addition Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS C01Y-53-79P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 early, 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.