FILED
May 13, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000452

1. Entity Name
OPSAIL MIAMI 2000, INC.

Principal Place of Business	Mailing Address
9961 E BROADVIEW DR BAY HARBOR ISLANDS, FL 33154 US	9961 E BROADVIEW DR BAY HARBOR ISLANDS, FL 33154 US

05092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0659188
☐ Applied For
☐ Not Applicable

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

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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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

U00000366441
05/13/05-80004-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAGUIRE, AMELIA R
STREET ADDRESS	1200 BRICKELL AVE.
CITY-ST-ZIP	MIAMI, FL 33101
TITLE	C
NAME	SLOTNICK, HOWARD
STREET ADDRESS	9961 E BROADVIEW DR
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	D
NAME	~~ERISTOL~~, A.J.
STREET ADDRESS	51 SW 1ST AVE.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VPD
NAME	MCDONALD, JAMES L
STREET ADDRESS	1020 PORT BLVD.
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 5/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #