

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000452

1. Entity Name

OPSAIL MIAMI 2000, INC.



Principal Place of Business

9961 E BROADVIEW DR
BAY HARBOR ISLANDS FL 33154
US

Mailing Address

9961 E BROADVIEW DR
BAY HARBOR ISLANDS FL 33154
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add
U00000467894
03/24/06-80003-014 61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
C
SLOTNICK, HOWARD
9961 E BROADVIEW DR
BAY HARBOR ISLANDS FL 33154 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *H. and J. Slotnick* *Chair* *3/13/06*