

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 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**



01152007 No Chg-NP CR2E037 (4/06)

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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IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/23/07-80076-014 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Howard Slotnick HOWARD SLOTNICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/07

Daytime Phone #