

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068423

1. Entity Name

FIVE O'S, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90218 004 ***150.00

Principal Place of Business

8759 SW 53rd St
Cooper City FL 33328

Mailing Address

8579 SW 53rd St
Cooper City FL 33328

2. Principal Place of Business

6948 Stirling Rd
Suite, Apt. #, etc.

3. Mailing Address

6948 Stirling Rd
Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65 0977485

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Spiegel & Utrera P.A.
343 Almeria Avenue
Coral Gables FL 33134

7. Name and Address of New Registered Agent

Name George Opila

Street Address (P.O. Box Number is Not Acceptable)
8759 SW 53rd Street

City Cooper City

FL

Zip Code 33328

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

9. This corporation is eligible to satisfy its intangible
- Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	George Opila	
STREET ADDRESS	8759 SW 53rd St	
CITY-ST-ZIP	Cooper City FL 33328	
TITLE	S	<input type="checkbox"/> Delete
NAME	Eugenia Opila	
STREET ADDRESS	8759 SW 53rd St	
CITY-ST-ZIP	Cooper City FL 33328	
TITLE	Fredrick Opila VP	<input type="checkbox"/> Delete
NAME	8759 SW 53rd St	
STREET ADDRESS	Cooper City FL 33328	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete
NAME	Mark Opila	
STREET ADDRESS	8759 SW 53rd St	
CITY-ST-ZIP	Cooper City FL 33328	
TITLE	A	<input type="checkbox"/> Delete
NAME	Adam Opila D	
STREET ADDRESS	8759 SW 53rd St	
CITY-ST-ZIP	Cooper City FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)