

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000015684**

1. Entity Name
OPUS DOMUS, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90026 046 ***150.00

Principal Place of Business

**821 NE 71ST STREET
MIAMI FL 33138**

Mailing Address

**821 NE 71ST STREET
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1022091

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BEKER, JORGE A
869 NE 71 ST STREET
MIAMI FL 33138**

Name **Beker, Jorge A**

Street Address (P.O. Box Number is Not Acceptable)
821 NE 71 ST STREET

City **Miami** FL Zip Code **33138**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **RUBEN IFRAN** ☐ Delete
NAME
STREET ADDRESS **821 NE 71ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **RUBEN IFRAN**
STREET ADDRESS **821 NE 71ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **Jorge Beker** ☐ Delete
NAME
STREET ADDRESS **821 NE 71ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **Vice-President** ☐ Change ☐ Addition
NAME **Jorge Beker**
STREET ADDRESS **821 NE 71ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

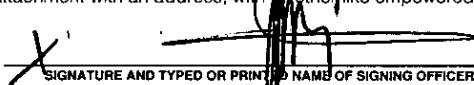
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)