

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036507

1. Entity Name

OPPORTUNITY JEANS COMPANY

Principal Place of Business

999 BRICKELL BAY DR.  
NO. 1507  
MIAMI FL 33131

Mailing Address

999 BRICKELL BAY DR.  
NO. 1507  
MIAMI FL 33131

2. Principal Place of Business

9300 NW 58 ST

3. Mailing Address

801 BRICKELL BAY DR

Suite, Apt. #, etc.

217

Suite, Apt. #, etc.

BOX 4 PMBC 20

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

FL 33131

Country

USA

4. FEI Number

65-1002375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEROZO, CIRO R  
999 BRICKELL DR. NO. 1507  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

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!!! FE IS \$150.00**  
**After MAY 1, 2001 It 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 PD  
NAME PEROZO, CIRO R  
STREET ADDRESS 999 BRICKELL BAY DR. NO. 1507  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VD  
NAME PEROZO, MARCIA E  
STREET ADDRESS 999 BRICKELL BAY DR. NO. 1507  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 all other like empowered.

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

04/25/01 305-358-4128  
Date Daytime Phone #

CR2E034 (10/00)