

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90002 014 ***158.75

DOCUMENT # P00000041267

1. Entity Name
OPTIMUMBANK.COM

Principal Place of Business

**10197 CLEARY BLVD
 PLANTATION FL**

Mailing Address

**10197 CLEARY BLVD
 PLANTATION FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1041812

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

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!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BEDZOW, MICHAEL**
 CITY-ST-ZIP **3250 N 39TH ST
 HOLLYWOOD FL 33021**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **SAM BOREK**
 CITY-ST-ZIP **6522 VIA ROSA
 BOCA RATON FL 33434**

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BROWDY, RICHARD L**
 CITY-ST-ZIP **11929 SW 56 ST
 COOPER CITY FL 33330**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **IRVING COHEN**
 CITY-ST-ZIP **4832 FLOWER VALLEY RD.
 ROCKVILLE MD 20853**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DECKELBAUM, GORDON J**
 CITY-ST-ZIP **4444 PLAYERS ST
 HOLLYWOOD FL 33021**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **H. DAVID KRINSKY**
 CITY-ST-ZIP **9601 COLLINS AVE #806
 BAL HARBOUR ISLAND FL**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FAY, PAUL B JR**
 CITY-ST-ZIP **3766 CLAY ST
 SAN FRANCISCO CA 94118**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **STEPHEN MARKOWITZ**
 CITY-ST-ZIP **3814 BIMINI AVE
 COOPER CITY FL 33026**

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **FINCH, ALBERT**
 CITY-ST-ZIP **1905 OCEAN BOULEVARD APT #4C
 FORT LAUDERDALE FL 33305**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **3210 NE 56 CT**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KAYE, SUMNER G**
 CITY-ST-ZIP **3521 N 52ND AVE
 HOLLYWOOD FL 33021**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **LARRY WILLIS**
 CITY-ST-ZIP **18401 NW 27 AVE
 MIAMI FL 33056**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Browdy (RICHARD BROWDY) 1-18-02 954-452-9501

CR2E034 (9/01)