

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012004

1. Entity Name
O P B - ENTERPRISES, INC.

Principal Place of Business

9167 FOUNTAINE BLEAU BLVD.
APT 6
MIAMI FL 33172-0006

Mailing Address

9167 FOUNTAINE BLEAU BLVD.
APT 6
MIAMI FL 33172-0006

2. Principal Place of Business
13450 SW 3rd. St.

Suite, Apt. #, etc.
101 D

City & State
Pembroke Pines

Zip
33027-1639

3. Mailing Address
13450 SW 3rd. St.

Suite, Apt. #, etc.
101 D

City & State
Pembroke Pines

Zip
33027-1639

Country
USA

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90035 008 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1074499	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BUFFETT, OLGA P
9167 FOUNTAINE BLEAU BLVD.
APT 6
MIAMI FL 33172-0006

Name

Street Address (P.O. Box Number is Not Acceptable)
13450 SW 3rd. St.

Apt. 101 D

City
Pembroke Pines

FL
Zip Code
33027-1639

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.

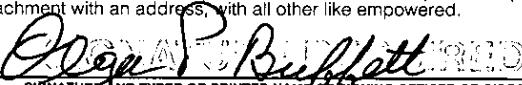
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFETT, OLGA P 9167 FOUNTAINE BLEAU BLVD. APT #6 MIAMI FL 33172-0006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13450 SW 3rd. St. Apt. 101 D Pembroke Pines, FL 33027-1639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-02 305-796-3910

Date

Daytime Phone #