

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90456 050 \*\*\*150.00

**DOCUMENT # P01000058138**

1. Entity Name  
**OPENSTREAM SOLUTIONS, INCORPORATED**

Principal Place of Business  
**13854 SW 106TH TERR.  
 MIAMI FL 33186**

Mailing Address  
**P. O. BOX 563025  
 MIAMI FL 33256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13069 SW 95th Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami Florida**

City & State

4. FEI Number  
**65-1128615**

Applied For  
 Not Applicable

Zip  
**33176**

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

**DIMERCURIO, SEAN  
 13069 SW 95TH AVE.  
 MIAMI FL 33176**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 **PD** ☐ Delete  
 NAME **DIMERCURIO, SEAN**  
 STREET ADDRESS **P. O. BOX 563025**  
 CITY-ST-ZIP **MIAMI FL 33256**

TITLE **P/T/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☒ Delete  
 NAME **JOHNSON, MICHAEL**  
 STREET ADDRESS **P. O. BOX 563025**  
 CITY-ST-ZIP **MIAMI FL 33256**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition  
 NAME **Perate, Rolando**  
 STREET ADDRESS **~~PO BOX 563025~~ PO BOX 563025**  
 CITY-ST-ZIP **Miami, FL ~~33256~~ 33256**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **DiMercurio, Mary Jo**  
 STREET ADDRESS **~~PO BOX 563025~~ PO BOX 563025**  
 CITY-ST-ZIP **Miami, FL ~~33256~~ 33256**

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

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: **Sebastian Dimercurio**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/02**  
 Date

**305-733-5188**  
 Daytime Phone #

CR2E034 (9/01)