

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90057 041 ***150.00

03/26/02

DOCUMENT # P01000080465

1. Entity Name
OPTIMIZER, INC.

Principal Place of Business Mailing Address
6820 S.W. 132TH STREET **6820 S.W. 132TH STREET**
MIAMI FL 33156 **MIAMI FL 33156**

2. Principal Place of Business 3. Mailing Address
13337 SW 88TH AVENUE **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FLORIDA 33176 **MIAMI, FLORIDA 33176**

Zip Country Zip Country
33176 **MIAMI-DADE**

4. FEI Number Applied For
65-1153238 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DE BODE, EUGENIO M
6820 S.W. 132TH STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name
EUGENIO R. MASLOWSKI
 Street Address (P.O. Box Number is Not Acceptable)
13337 SW 88TH AVENUE
 City State Zip Code
MIAMI FL 33176

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: *Eugenio R. Maslowski* DATE: **3/15-2002**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BODE, EUGENIO 6820 S.W. 132TH STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALINAS, EDUARDO TORRE BAZAR BOLIVAR PISO 10, OF 1001 AVE CARACAS 107 VENEZUELA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR SECRETARY EUGENIO R. MASLOWSKI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Eugenio R. Maslowski* **REQUIRED**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)