

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

04-07-2002 90070 006 ***150.00

DOCUMENT # P01000087864

1. Entity Name
OPTI USA, INC.

Principal Place of Business

**8000 NW 31 ST STE 19
 MIAMI FL 33172**

Mailing Address

**8000 NW 31 ST STE 19
 MIAMI FL 33172**

2. Principal Place of Business

8000 N.W. 31ST STREET

3. Mailing Address

8000 N.W. 31ST STREET

Suite, Apt. #, etc.

SUITE 19

Suite, Apt. #, etc.

SUITE 19

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1135607

Applied For

Not Applicable

Zip

33122

Country

DADE

Zip

33122

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PJ, CHANG S
 8000 NW 31 ST STE 19
 MIAMI FL 33172**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 OH, CHANG S 8000 NW 31 ST STE 19 MIAMI FL 33172	<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
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		<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
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

OPTI USA, INC.
8000 NW 31 St Ste 19
Miami, FL 33172

80059545

1176

63-643/670
BRANCH 08515

42434
#P01000087864

DATE 3-28-02

PAY
TO THE
ORDER OF

Department of State

\$ 150.00

One hundred fifty dollars 00/100

DOLLARS



FIRST
UNION

First Union National Bank
firstunion.com
Org. 003 R/T 067006432

CUSTOM BUSINESS BANKING

FOR 2002 (UBR)

[Signature]

⑈001176⑈

⑈067006432⑈ 2000011146113⑈

⑈0000015000⑈

We paid this
Document but
They did not
make the
signature Required
on #8 and 13