## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am Secretary of State P01000093466 DOCUMENT # 1. Entity Name 03-22-2002 90028 022 \*\*\*158 OPTION HOLDING CORP. Principal Place of Business Mailing Address 780 NORTHWEST 42ND AVENUE 780 NORTHWEST 42ND AVENUE **SUITE 516 SUITE 516** MIAMI FL 33126 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE - Suite: Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Ad 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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. ure, typed or pripted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE ALONSO, HORACIO NAME NAME 780 NORTHWEST 42ND AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE DE ALONSO, MONICA NAME NAME 780 NORTHWEST 42ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED

AME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

FILED

Daytime Phone #

Date