

FILED
Jun 02, 2003 8:00 am
Secretary of State

4/2

04-24-2003 90280 041 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000035583

1. Entity Name
OPEN PERMIT SOLUTIONS INC.



33043000

Principal Place of Business
8114 S.W. 83RD PLACE
MIAMI, FL 33143-6648

Mailing Address
8114 S.W. 83RD PLACE
MIAMI, FL 33143-6648

2. Principal Place of Business

3. Mailing Address

11777 SW 81 RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINECREST FL

4. FEI Number 38-3647039

Applied For
Not Applicable

Zip

Country

Zip

Country

33156-4417 USA

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

6. Name and Address of Current Registered Agent

PAIGE, JAMES H
8114 S.W. 83RD PLACE
MIAMI, FL 33143-6648

7. Name and Address of New Registered Agent

Name James H. Paige

Street Address (P.O. Box Number is Not Acceptable)

11777 SW 81 RD

City PINECREST

FL

Zip Code 33156-4417

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 date if applicable.

(NOTE: Registered Agent Signature required when initiating)

DATE

FILED JUN 2 2003 FOR INFORMATION
Marked Change Available to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PAIGE, JAMES H
STREET ADDRESS 8114 S.W. 83RD PLACE
CITY-ST-ZIP MIAMI, FL 331436648 ☐ Delete

TITLE P/S/T/D
NAME James H. Paige
STREET ADDRESS 11777 SW 81 RD
CITY-ST-ZIP PINECREST FL 33156-4417 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Paige

4/21/2003 786-303-1934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)

Attachment

OPEN PERMIT SOLUTIONS INC.

8 May 2003

Re: 55048855
PO2000035583

To whom it may concern,

Enclosed please find the copy of the Uniform Business Report with the FEI number filled in.

I apologize for any inconvenience leaving this out of the original report may have caused.

Please call if you have any questions.

Regards,

