

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91317 001 \*\*\*150.00

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**DOCUMENT # P02000048268**

1. Entity Name  
**OPTINADD, INC.**



Principal Place of Business  
**3111 STIRLING ROAD  
C-303  
FORT LAUDERDALE FL 33312**

Mailing Address  
**3111 STIRLING ROAD  
C-303  
FORT LAUDERDALE FL 33312**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MATIRE, MARK J  
970 E JEFFERY STREET  
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **WARREN GILBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**12000 N. BAYSHORE DR. STE. 210**  
City **N. MIAMI** FL Zip Code **33181**

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 *Warren Gilbert*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4.25.03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable 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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>12000 N. BAYSHORE DR.</b>	
STREET ADDRESS <b>N. MIAMI FL. 33181</b>	
CITY-ST-ZIP	
TITLE <b>NEAL MOSKOWITZ</b>	<input type="checkbox"/> Delete
NAME <b>3111 STIRLING RD. STE. C-303</b>	
STREET ADDRESS <b>FT. LAUDERDALE, FL. 33312</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Warren Gilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.25.03** **305.895.7863**  
Date Daytime Phone #

CP2E034 (10/02)