

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057093

1. Entity Name

OPTIMUS MANAGEMENT, INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90165 003 ***150.00

Principal Place of Business

Mailing Address

3775 S.W. 130TH AVE
MIAMI FL 33175

3775 S.W. 130TH AVE
MIAMI FL 33175-2823

2. Principal Place of Business

3. Mailing Address

10556 N.W. 26th D-101

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-101

SAME

City & State

City & State

MIAMI

SAME

Zip

Zip

Country

Country

FL

33172

SAME

SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0434705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALOR, JOAQUIN
3775 S.W. 130TH AVE
MIAMI FL 33175

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.

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	VALOR, GLORIA	3775 S.W. 130TH AVE	MIAMI FL 33175	<input checked="" type="checkbox"/>
P	VALOR, JOAQUIN	3775 S.W. 130TH AVE	MIAMI FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	VALOR JOAQUIN	10556 N.W. 26th D-101	MIAMI FL 33172	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

305-446-1112

Daytime Phone #

CR2E034 (9/99)