

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000010942**

1. Entity Name

OPTIMAL ENGINEERING, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90013 001 ***150.00

Principal Place of Business

9230 SW 92 CT
MIAMI FL 33176
US

Mailing Address

9230 SW 92 CT
MIAMI FL 33176-2075
US

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

65-0475635

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

KLAUS OPT EYNDE

9230 SW 92 CT
MIAMI FL 33176

Name

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

City

MIAMI

FL

Zip Code

33176

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

Klaus Opt Eynde

Signature, typed or printed name of registered agent and is still applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/2000

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	PST	<input type="checkbox"/> Delete
NAME	OPT-EYNDE, KLAUS	
STREET ADDRESS	9230 SW 92ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	Secretary + Officer	<input type="checkbox"/> Delete
NAME	Opt-Eynde Klaus	
STREET ADDRESS	9230 SW 92nd CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Klaus Opt Eynde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2000

Date

35 576 0360

Daytime Phone #

CR2E034 (9/99)