

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091277

1. Entity Name

OPTUR WHOLESALERS, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90008 022 ***150.00

Principal Place of Business

13302 S.W. 103RD PLACE
MIAMI FL 33176

Mailing Address

13302 S.W. 103RD PLACE
MIAMI FL 33176-6028

2. Principal Place of Business

250 GALLON DRIVE

3. Mailing Address

250 GALLON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4 G

4 G

City & State

City & State

KEY BISCAYNE/FLA

KEY BISCAYNE/FLA

Zip

Country

Zip

Country

33149

U.S.A.

33149

U.S.A.

6. Name and Address of Current Registered Agent

GHERARDI, SANDRO
13302 S.W. 103RD PLACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

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

TITLE PSD
NAME GHERARDI, SANDRO
STREET ADDRESS 13302 S.W. 103RD PLACE
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)