

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# - P95000026127

1. Entity Name
OPTIGON POST, INC. ✓

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90012 020 ***150.00

Principal Place of Business
550 Biltmore Way
Coral Gables, FL 33134

Mailing Address
550 Biltmore Way
CORAL GABLES, FL
33134

UUUUUUUU

2. Principal Place of Business
OPTIGON POST / CO IMAGES

3. Mailing Address
SAME

Suite, Apt. #, etc.
550 Biltmore Way

Suite, Apt. #, etc.

City & State
CORAL Gables, FL

City & State

Zip
33134

Country
USA

Zip

Country

4. FEI Number

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KERRY SAKOLSKY
5980 SW 134th Street
MIAMI, FL. 33156

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: *Kerry Sakolsky* KERRY SAKOLSKY

5/23/00

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
KERRY SAKOLSKY
5980 SW 134th Street
MIAMI, FL. 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Thomas Downs
550 Biltmore Way
Coral Gables, FL. 33134

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: *Kerry Sakolsky* KERRY SAKOLSKY

5/23/00 (305) 445-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)