

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90088 049 ***150.00

0202013 AV

DOCUMENT # P95000026581

1. Entity Name

OTSK MANAGEMENT, INC.

Principal Place of Business

**520 BRICKELL KEY DR.
SUITE 1204
MIAMI FL 33131**

Mailing Address

**520 BRICKELL KEY DR.
SUITE 1204
MIAMI FL 33131**

2. Principal Place of Business

5738 NW 39TH WAY

3. Mailing Address

5738 NW 39TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL 33496

City & State

BOCA RATON, FL 33496

4. FEI Number

65-0580715

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, KEITH A
520 BRICKELL KEY DR.
SUITE 1204
MIAMI, FL 33131**

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, 2002 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 **PT** ☐ Delete
NAME **REYNOLDS, KEITH A**
STREET ADDRESS **520 BRICKELL KEY DRIVE A-1204**
CITY-ST-ZIP **MIAMI FL**

TITLE **VS** ☐ Delete
NAME **REYNOLDS, TERRI**
STREET ADDRESS **520 BRICKELL KEY DRIVE A-1204**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5738 NW 39TH WAY**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5738 NW 39TH WAY**
CITY-ST-ZIP **BOCA RATON FL**

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

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:

KEITH A. REYNOLDS

01/09/02 561 862-0848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)