

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022793

1. Entity Name

OPTIVISION I, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90118 042 ***150.00

Principal Place of Business

Mailing Address

% 101 MADEIRA AVENUE
CORAL GABLES FL 33134

% 101 MADEIRA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

2100 Salzedo St

Suite, Apt. #, etc.

#300

City & State

Coral Gables FL

Zip

33134

Country

3. Mailing Address

2100 Salzedo St

Suite, Apt. #, etc.

#300

City & State

Coral Gables FL

Zip

33134

Country

4. FEI Number

65-0655432

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

ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

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 PT ☐ Delete
NAME BESADA, EULOGIO
STREET ADDRESS 4659 WEST FLAGLER ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME AREA, HUGO
STREET ADDRESS 4659 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/27/00 (305) 448-8113
Date Daytime Phone #

CR2E034 (9/99)