

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90108 025 ***150.00

DOCUMENT # P96000031157

1. Entity Name
OPENING DAY, INCORPORATED

Principal Place of Business

**861 WASHINGTON AVE
 MIAMI BEACH FL 33139
 US**

Mailing Address

**515 W. 28TH STREET
 MIAMI BEACH FL 33140
 US**

906722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

861 Washington Ave
 Suite, Apt. #, etc.

3. Mailing Address

515 W 28th Street
 Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33140

Country

4. FEI Number

65-0669883

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

**CAMERON, KEN
 515 W. 28TH STREET
 MIAMI BEACH FL 33140**

Name

N/A

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

1/18/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P CAMERON, KEN 515 W. 28TH STREET MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMERON, MICHELLE 515 W. 28TH STREET MIAMI BEACH FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 (305) 534-7984
 Date Daytime Phone #

CR2E034 (10/00)