

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90054 010 \*\*\*150.00

0318502 AV

**DOCUMENT # P96000082495**

1. Entity Name  
**OTIMBALLOO, INC.**

Principal Place of Business      Mailing Address

**2519 SUGARLOAF LN**      **2519 SUGARLOAF LN**  
**FT LAUDERDALE FL 33312**      **FT LAUDERDALE FL 33312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0697868**      Not Applicable

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

6. Name and Address of Current Registered Agent

**STRAUSS, JASON**  
**2519 SUGARLOAF LN**  
**FT LAUDERDALE FL 33312**

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 \_\_\_\_\_ (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 NAME                 | <b>D STRAUSS, JASON</b> <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | <b>2519 SUGARLOAF LN FT LAUDERDALE FL 33312</b>         |
| TITLE NAME                 | <b>D STRAUSS, MARIA</b> <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | <b>2519 SUGARLOAF LANE FT LAUDERDALE FL 33312</b>       |
| TITLE NAME                 | _____ <input type="checkbox"/> Delete                   |
| STREET ADDRESS CITY-ST-ZIP | _____   |
| TITLE NAME                 | _____ <input type="checkbox"/> Delete                   |
| STREET ADDRESS CITY-ST-ZIP | _____   |
| TITLE NAME                 | _____ <input type="checkbox"/> Delete                   |
| STREET ADDRESS CITY-ST-ZIP | _____   |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                            |   |
|----------------------------|---|
| TITLE NAME                 | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | _____   |
| TITLE NAME                 | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | _____   |
| TITLE NAME                 | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | _____   |
| TITLE NAME                 | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Jason Strauss*      03/05/02      954-920-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)