

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90115 035 ***150.00

DOCUMENT # P97000049833

1. Entity Name
OPTIMUM BUILDING SYSTEMS, INC.



Principal Place of Business
**4898 NW 29TH COURT
STE 207
FT. LAUDERDALE FL 33313**

Mailing Address
**4898 NW 29TH COURT
STE 207
FT. LAUDERDALE FL 33313**

2. Principal Place of Business
**4898 NW 29th Court
Suite, Apt. #, etc.
Ste 108**

3. Mailing Address
**4898 NW 29th Court
Suite, Apt. #, etc.
Ste 108**

City & State
**Lauderdale Lakes Fl.
Zip 33313 Country Florida Broward**

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**Lauderdale Lakes Fl.
Zip 33313 Country Broward**

4. FEI Number **65-0760119**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOISELLE, RAYMOND
4898 N.W. 29TH COURT #207
LAUDERDALE LAKES FL 33313**

7. Name and Address of New Registered Agent

Name **Raymond Loisel**
Street Address (P.O. Box Number is Not Acceptable)
**4898 N.W. 29th Court
Suite 108
City Lauderdale Lakes FL Zip Code 33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LOISELLE, RAYMOND**
STREET ADDRESS **4898 N.W. 29TH COURT #207**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

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

TITLE ☐ Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAYMOND LOISELLE** **01/06/03** **484-5964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)