

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90044 041 \*\*\*150.00

**DOCUMENT # P97000068929**

1. Entity Name

**OPTIMUM OF FLORIDA CORP.**

Principal Place of Business

Mailing Address

751 E. OKEECHOBEE RD.  
 HIALEAH FL 33010

751 E. OKEECHOBEE RD.  
 HIALEAH FL 33010-5645

2. Principal Place of Business

**7661 NW 68 ST #127**

3. Mailing Address

**7661 NW 68 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#127**

City & State

**MIAMI FLA**

City & State

**MIAMI FLA**

Zip

**33166**

Country

**DADE**

Zip

**33166**

Country

**DADE**

4. FEI Number

**65-0925525**

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

**CONCEPCION, PETER M**  
**11960 S.W. 25 TERR.**  
**MIAMI FL 33175**

Name

**TEODORO J. TUNIDOR**

Street Address (P.O. Box Number is Not Acceptable)

**5790 W 14th Lane**

City

**Hialeah**

FL

Zip Code

**33012**

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

**4-20-00**

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	DS	<input type="checkbox"/> Delete
NAME	CONCEPCION, PETER M	
STREET ADDRESS	11960 S.W. 25TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	P	<input type="checkbox"/> Delete
NAME	TUNIDOR, TEDORO J	
STREET ADDRESS	5790 W. 14 LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUCE, TRACEY A	
STREET ADDRESS	1273 OIDA ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**4-20-00**

Date

**(305) 863-7788**

Daytime Phone #

CR2E034 (9/99)