

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021551

1. Entity Name

OPTIMUM YIELD INTERNATIONAL, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90192 042 \*\*\*150.00

Principal Place of Business

11960 S.W. 25TH TERRACE  
MIAMI FL 33175

Mailing Address

11960 S.W. 25TH TERRACE  
MIAMI FL 33175-2406

2. Principal Place of Business

7661 NW 68 ST. #127

3. Mailing Address

Same

Suite, Apt. #, etc.

127

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33166

Country

USA

Zip

33175

Country

USA

4. FEI Number

65-0904548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONCEPCION, PETER N  
11960 S.W. 25TH TERRACE  
MIAMI FL 33175

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CONCEPCION, PETER N	
STREET ADDRESS	11960 S.W. 25TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREITLER, PETER G	
STREET ADDRESS	1011 SWARTMORE A #4	
CITY-ST-ZIP	PACIFIC PALISADES CA 90272	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUNDIDOR, TEODORO	
STREET ADDRESS	5790 W 14TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVENPORT, STEVEN	
STREET ADDRESS	1273 IDA 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER M. CONCEPCION	
STREET ADDRESS	11960 SW 25 TERR	
CITY-ST-ZIP	MIAMI, FL. 33175	
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		
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		
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:

*Peter M. Concepcion, Pres.* 02/28/00 205 863 7788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)