

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051029

1. Entity Name
OPAL, INC.

Principal Place of Business

4949 S. TAMiami TRAIL
SARASOTA FL 34231
US

Mailing Address

4949 S. TAMiami TRAIL
SARASOTA FL 34231
US

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

65-0841677

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

DRAKE, KEVIN
1432 FIRST STREET
SARASOTA FL 34236

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)

J. Kevin Drake

12/6/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS ALI, SATWATH
CITY-ST-ZIP 4050 WESTFIELD CT.
SARASOTA FL 34233

TITLE ☐ Delete
NAME D
STREET ADDRESS ALI, ANN M
CITY-ST-ZIP 4050 WESTFIELD CT.
SARASOTA FL 34233

TITLE ☐ Delete
NAME D
STREET ADDRESS KASAPAKIS, CHRISTOS
CITY-ST-ZIP 3433 GRAND DR. #1705
SARASOTA FL 34231

TITLE ☐ Delete
NAME D
STREET ADDRESS KASAPAKIS, ANGELA
CITY-ST-ZIP 3433 GRAND DR. #1705
SARASOTA FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200004740192
STREET ADDRESS -12/26/01--01109--001
CITY-ST-ZIP ****750.00 ****750.00

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

TITLE ☒ Change ☐ Addition
NAME 4272 Balmoral Way
STREET ADDRESS Sarasota, FL 34238
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 4272 Balmoral Way
STREET ADDRESS Sarasota, FL 34238
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/2/01 (941)-924-6123

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 13 PM 4:00



REINSTATEMENT DO NOT WRITE IN THIS SPACE 01

0086362 AV

CR2E034 (5/01)

AD