

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90002 024 \*\*\*150.00

**DOCUMENT #** P98000055154  
**1. Entity Name**  
OPTION 4 INTERACTIVE SOLUTIONS, INC.**Principal Place of Business**      **Mailing Address**  
555 NE 15 STREET #14G      555 NE 15 STREET #14G  
MIAMI, FL 33132      MIAMI, FL 33132**2. Principal Place of Business**      **3. Mailing Address**  
3040 SHIPPING AVE      520 BRICKELL KEY DR  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
SUITE 206**City & State**      **City & State**  
MIAMI      FLORIDA      MIAMI      FLORIDA  
**Zip**      **Country**      **Zip**      **Country**  
33133      USA      33131      USA**4. FEI Number**      **Applied For**  
65-0846027      ☐ Not Applicable**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CORPORATION SERVICE CO.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**7. Name and Address of New Registered Agent****Name** KRISHNA L. RIBEIRO  
**Street Address (P.O. Box Number is Not Acceptable)** 520 BRICKELL KEY DR.  
STE 206  
**City** MIAMI      **FL**      **Zip Code** 33131**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** *Krishna L. Ribeiro*      KRISHNA L. RIBEIRO      5-23-2000  
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**      ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	RIBEIRO, JOAO W	555 NE 15 STREET 14G	MIAMI, FL 33132	<input type="checkbox"/>
	RIBEIRO, KRISHNA L	555 NE 15 STREET 14G	MIAMI, FL 33132	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	RIBEIRO, JOAO W	3040 SHIPPING AVE	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** *Krishna L. Ribeiro*      5-23-2000      305 866 9442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)