

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90210 036 ***150.00

DOCUMENT # P98000055154

1. Entity Name
OPTION 4 INTERACTIVE SOLUTIONS, INC.

Principal Place of Business

**3040 SHIPPING AVE
 MIAMI FL 33133**

Mailing Address

**520 BRICKELL KEY DRIVE
 STE 206
 MIAMI FL 33131**

2. Principal Place of Business

3130 BIRD AVE

3. Mailing Address

Suite, Apt. #, etc.

3

City & State

MIAMI, FLORIDA

City & State

Zip

33133

Country

USA

Zip

Country

4. FEI Number

65-0846027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RIBEIRO, KRISHNA L
 520 BRICKELL KEY DRIVE
 STE 206
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **RIBEIRO, KRISHNA L.**

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: *Krishna L Ribeiro*

(NOTE: Registered Agent signature required when reinstating)

4/10/2002

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, 2002 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** ☐ Delete
 NAME **RIBEIRO, JOAO W**
 STREET ADDRESS **3040 SHIPPING AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete
 NAME **RIBEIRO, KRISHNA L**
 STREET ADDRESS **3040 SHIPPING AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 STREET ADDRESS **3130 BIRD AVE APT 3**
 CITY-ST-ZIP **MIAMI - FLORIDA 33133**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3130 BIRD AVE APT 3**
 CITY-ST-ZIP **MIAMI - FLORIDA 33133**

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: *Krishna L Ribeiro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002

Date

(305) 379-7131

Daytime Phone #

CR2E034 (9/01)