2000 UNIFORM BUSINESS REPORT (UBR)

Aug 16, 2000 8:00 am Secretary of State DOCUMENT # P98000075311 OPTI - SYSTEMS OF PEMBROKE PINES, INC. 08-16-2000 90004 046 ***150.00 Mailing Address Principal Place of Business 8270 PINES BLVD 8270 PINES BLVD PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0281263 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NIX, RON Street Address (P.O. Box Number is Not Acceptable) 8270 PINES BLVD PEMBROKE PINES FL 33026 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete TITLE TITLE NIX. JAMES R NAME 1131 NW 96TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKES PINES FL 33024 Change TITLE ☐ Delete TITLE ☐ Addition JEFFERSON, LINDA NAME NAME STREET ADDRESS 1084 N HIATUS RD STREET ADDRESS CITY-ST-ZIE PEMBROKES PINE FL 33026 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00

954-442-7990

Daytime Phone #

FILED



Opti-Systems of Pembroke Pines, Inc. 8270 Pines Blvd. Pembroke Pines, Fl. 33026

August 10,2000

To Whom it May Concern,

WE just received a second notice from the Florida Department of State, stating that we owe them \$550.00 before Sept.13,2000. We never received the first notice and we feel we should not be liable for this late fee.

We are enclosing a check for \$150.00 and we hope you will accept this payment. We have always been in good standing and feel this is not our fault. Thank you for looking into this matter.

Sincerely

Ron Nix