2001 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
01 JUN -6 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080161

1. Entity Name
OPALINE CORPORATION

Principal Place of Business	Mailing Address
3749 N.E. 163rd St. North Miami Beach FL 33160	

2. Principal Place of Business	3. Mailing Address
3749 N.E 163rd St	the same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach, FL 33160	City & State
Zip: 33160 Country: USA	Zip: 33160 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866163 ☐ 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
MR. ROBERT BENDAVID 3749 N.E 163rd St. North Miami Beach, FL 33160	Name: ROLAND BENDAVID Street Address (P.O. Box Number is Not Acceptable): 3749 N.E. 163rd St City: North Miami Beach FL Zip Code: 33160

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] MR. ROLAND BENDAVID President Officer 5-29-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when printed.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE WITH ANNUAL REPORT
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT OFFICER 215 PORCUPINE ISLAND MR. ROBERT BENDAVID North Miami Beach FL 33160	☐ Delete	PRESIDENT OFFICER MR. ROLAND BENDAVID 215 PORCUPINE ISLAND North Miami Beach FL 33160 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400004440124--4 -06/26/01--01002--017 *****51.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400004440124--4 -06/26/01--01002--018 ******8.75 ☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MR. ROLAND BENDAVID / PRESIDENT OFFICER 5-29-2001 (305)944-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #