

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # **998000088511**

1. Entity Name

OP ENTERTAINMENT, INC

416/A 7103000014887

THE OTHER PLACE



FILED

03 SEP 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

642 S. ATLANTIC AVE

ORMOND BEACH, FL

32176

USA

3. Mailing Address

P.O. BOX 2186

Suite, Apt. #, etc.

ORMOND BCH, FL

32175

USA

4. FEI Number

59-3543724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DOMINICK RINTRONA

Street Address (P.O. Box Number is Not Acceptable)

107 WILD FERN DR

City

LONGWOOD

FL

Zip Code

32779

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES
DOMINICK RINTRONA
107 WILD FERN DR
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

400023166084

09/18/03-01014--003 **450.00

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **DOMINICK RINTRONA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

Date

(386) 679-0180

Daytime Phone #

CR2E034B (12/02)

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**O.P. ENTERTAINMENT, INC.
D/BA THE OTHER PLACE
P.O. BOX 2186
ORMOND BEACH, FL 32175**

April 25, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

P98000088511

Dear Sirs:

It has come to our attention that the Annual Corporation Report Renewal has not been received by our corporation for the past couple of years.

In a conversation with someone from your office, they confirmed that the renewal form was returned to your office because it could not be delivered to the physical street address. I was instructed to send a letter with payment for the years that have not been renewed.

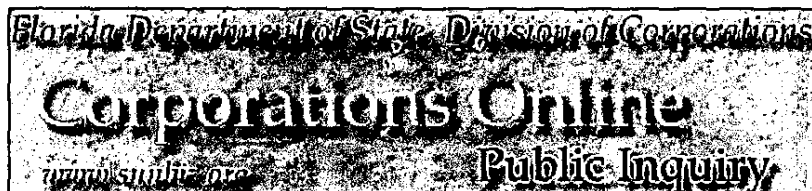
Enclosed is our check for \$450.00 to bring us current and activate our corporation again. Please change your records to indicate the proper mailing address, which is in the heading of our letter. No other information has changed. Also enclosed is a printout of the Corporation information that was retrieved online.

If you have any questions, please contact us. We would appreciate it if you would kindly acknowledge that our corporation is now in active status.

Sincerely,

Dominick Rintrona
Dominick Rintrona
President

Please abate all ^{late} fees and penalties.
Thank you —



Florida Profit**O. P. ENTERTAINMENT, INC.**

PRINCIPAL ADDRESS
642 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

MAILING ADDRESS
642 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

*SEE BELOW***Document Number**
P98000088511**FEI Number**
593543724**Date Filed**
10/15/1998**State**
FL**Status**
INACTIVE**Effective Date**
NONE**Last Event**
ADMIN DISSOLUTION
FOR ANNUAL REPORT**Event Date Filed**
09/21/2001**Event Effective Date**
NONE

Registered Agent

Name & Address
RINTRONA, DOMINIC 642 S. ATLANTIC AVENUE ORMOND BEACH FL 32176

Officer/Director Detail

Name & Address	Title
RINTRONA, DOMINIC 642 S. ATLANTIC AVENUE ORMOND BEACH FL 32176	PD

MAILING ADDRESS:

P.O. BOX 2186

ORMOND BEACH, FL 32175