

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90002 042 ***150.00

0142414 SP

DOCUMENT # P99000016743

1. Entity Name
OPZIONI, INC.

Principal Place of Business
19626 NW 79 AVE
MIAMI GARDENS FL 33015

Mailing Address
PO BOX 2041
MIAMI FL 33152
MIAMI, FL 33027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0898463**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GONZALEZ, JEANNETTE
19626 NW 79TH AVE
MIAMI GARDENS FL 33015

Name

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

Jeannette Gonzalez
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PVTS**
 NAME **GONZALEZ, JEANNETTE**
 STREET ADDRESS **19626 NW 79TH AVE**
 CITY-ST-ZIP **MIAMI GARDENS FL 33015**

☐ Delete

TITLE **Mailing Address**
 NAME **PO BOX 278436**
 STREET ADDRESS **MIAMI, FL 33027**
 CITY-ST-ZIP **MIAMI, FL 33027**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/01

Date

305-790-8974

Daytime Phone #

CR2E034 (5/01)

Attachment
#P99000016743
774909 OPZIONI, INC

Florida Department of State
Division of Corporations
Tallahassee, Florida

The reason of my letter today is to notify you that my corporation did not received the first Uniform Busines Reporte application in the mail. I changed my PO BOX address at the beginning of the year and the post office is suposse to send all the mail to this new mail box in which they did not do.

I am sending you a copy of the second application envelope with the date they received it but I just received the form last week, I went to the post office to make the complain and they said that they called me to pick up the envelope, something that did not happened.

Please, I am sending my payment today, your cooperation is appreciated.
Please make the necessary corrections.

Do not hesitate to contact me if you have any questions.

Sincerely,



JEANNETTE GONZALEZ
OPZIONI, INC.



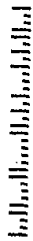
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#4181



TO: 0142414 SP 1297 33152



P99000016743
OPZIONI, INC.
PO BOX 2041
MIAMI FL 33152

Gonz-041

Attachment
P 99000016743
774909

GONZO41 331520204 1301 12 07/19/01
NOTIFY SENDER OF NEW ADDRESS
GONZALEZ JEANNETTE
PO BOX 278436
MIAMI FL 33027-8436

