

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90478 023 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000070024

1. Entity Name

OPTI STYLE, INC.

Principal Place of Business

27563 S. Dixie Hwy.
Miami, FLA, 33032

Mailing Address

27563 S. Dixie Hwy
Miami, FLA, 33032

2. Principal Place of Business

27563 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

160 BONAVENTURE BLVD.
Suite, Apt. #, etc.

APT. 208

City & State

MIAMI, FLA.

City & State

WESTON, FLA.

4. FEI Number

65-0938845

Applied For

Not Applicable

Zip

Country

33032

U.S.A.

Zip

Country

33326

U.S.A.

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

05/06/00

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, 2000 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
FABIO A. MORA
160 BONAVENTURE BLVD AP 208
WESTON, FLA, 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARIA DEL PILAR JIMENEZ
VICE-PRESIDENT
18901 S. DIXIE HWY
MIAMI, FLA.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIO MORA

Date

Daytime Phone #

05/06/00 (954) 2172243

CR2E034 (9/99)