

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P21000051277

Entity Name: OPEN OPPORTUNITIES FUND INC**Current Principal Place of Business:**1401 N. UNIVERSITY DR
SUITE 501
CORAL SPRINGS, FL 33071**Current Mailing Address:**1401 N. UNIVERSITY DR
SUITE 501
CORAL SPRINGS, FL 33071 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARMONA & ASSOCIATES, INC.
7270 NW 12 STREET
SUITE 645
MIAMI, FL 33126 US*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:** EMERSON CARMONA

04/26/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIRMAN, NON EXECUTIVE
DIRECTOR**Name** ARTILES, JOSE M**Address** 1401 N. UNIVERSITY DR
SUITE 501**City-State-Zip:** CORAL SPRINGS FL 33071**Title** HEAD OF INITIAL AUDIT**Name** OSMAN, BULENT**Address** 117 LEAVES GREEN RD**City-State-Zip:** KESTON KENT BR2 6DG, UK**Title** HEAD OF COMMERCIAL DEPT**Name** SALIBA, GEORGE**Address** 1401 N. UNIVERSITY DR
SUITE 501**City-State-Zip:** CORAL SPRINGS FL 33071**Title** HEAD OF BUSINESS BANKING**Name** PEROZZI, SALVATORE**Address** VIA GENERALE
DALLA CHIESA 2**City-State-Zip:** DESENSANO GARDA ITALY 25015**Title** VC, CEO**Name** PASTORE, FABIO**Address** VIA DANTE VERONI 32**City-State-Zip:** VELLETRI, RM 00049**Title** HEAD OF HUMAN RESOURCES**Name** ARTILES, JOSE M JR.**Address** 1401 N. UNIVERSITY DR
SUITE 501**City-State-Zip:** CORAL SPRINGS FL 33071**Title** CEO**Name** MODAFFERI, GIOVANNI**Address** 77 YORK STREET**City-State-Zip:** BEDFORD BEDFORDSHIRE
MK403RN**Title** DIRECTOR, SECRETARY**Name** MORICI, ALBERTO**Address** 1401 N. UNIVERSITY DR
SUITE 501**City-State-Zip:** CORAL SPRINGS FL 33071**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE MIGUEL ARTILES

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04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title HEAD OF LEGAL DEPARTMENT
Name MUSCOGIURI, NICOLA
Address 1401 N. UNIVERSITY DR
SUITE 501
City-State-Zip: CORAL SPRINGS FL 33071

Title CFO, DIRECTOR
Name ALVARES, MANUEL ANTONIO
Address 1401 N. UNIVERSITY DR
SUITE 501
City-State-Zip: CORAL SPRINGS FL 33071