

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90977 024 \*\*\*150.00

0183941

**DOCUMENT # H05909**

1. Entity Name  
**MR. OLIVER, INC.**

Principal Place of Business  
**9514 S DIXIE HWY  
 MIAMI FL 33156**

Mailing Address  
**9514 S DIXIE HWY  
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2389042**

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

~~SACHS, HARLAN  
 9514 S. DIXIE HWY.  
 MIAMI FL 33156~~

Name **Mitchell Sachs**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9514 S. Dixie Hwy**  
 City **Miami** FL Zip Code **33156**

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 **Mitchell Sachs** Vice Pres. **4/27/01**  
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 \$150.00**  
**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	Delete
	<b>PD SACHS, HARLAN</b>	<b>9514 SO. DIXIE HWY.</b>	<b>MIAMI FL</b>	<input checked="" type="checkbox"/>
	<del>President</del>	<del>Robert Sachs</del>	<del>9514 S. Dixie Hwy</del>	<input type="checkbox"/>
	<del>Vice President</del>	<del>Mitchell Sachs</del>	<del>9514 S. Dixie Hwy</del>	<input type="checkbox"/>
	<del>Secretary</del>	<del>Ann Sachs</del>	<del>9514 S. Dixie Hwy</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>President</b>	<b>Robert Sachs</b>	<b>9514 S. Dixie Hwy</b>	<b>Miami, FL 33156</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Vice President</b>	<b>Mitchell Sachs</b>	<b>9514 S. Dixie Hwy</b>	<b>Miami, FL 33156</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Secretary</b>	<b>Ann Sachs</b>	<b>9514 S. Dixie Hwy</b>	<b>Miami, FL 33156</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Mitchell Sachs** Vice Pres. **4/26/01**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)