

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90091 041 \*\*\*\*50.00

**DOCUMENT # L01000001097**

1. Entity Name

**OLE SERVICES, L.L.C.**

Principal Place of Business

**501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131**

Mailing Address

**501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131**

2. Principal Place of Business

**12800 S.W. 70th Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**12800 S.W. 70th Avenue**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**65-1068705**

Applied For

Not Applicable

Zip  
**33156**

Country  
**USA**

Zip  
**33156**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NS CORPORATE SERVICES INC.  
501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131**

Name

**Francisco Ruiz**

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

**12800 S.W. 70th Avenue**

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

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

**FRANCISCO RUIZ / PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**01/30/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member-Manager**  
**Francisco Ruiz**  
**12800 S.W. 70th Avenue**  
**Miami, FL 33156**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member-Manager**  
**Lucy Ruiz**  
**12800 S.W. 70th Avenue**  
**Miami, FL 33156**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
**FRANCISCO RUIZ**

**01/30/02**

**(305) 232-8437**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)