

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90234 046 \*\*\*550.00

**DOCUMENT # P99000100230**

1. Entity Name  
**OBERA, INC.**



Principal Place of Business  
 125 WOODCREST LANE  
 KEY BISCAIYNE FL 33149

Mailing Address  
 125 WOODCREST LANE  
 KEY BISCAIYNE FL 33149

**A0076255**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

705 Curti'swood dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Biscayne

4. FEI Number

65-0960564

Applied For

Not Applicable

Zip

Country

Zip

33149

Country

USA

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

**CALVO, LIZABETH F**  
**328 CRANDON BLVD.**  
**SUITE 226**  
**KEY BISCAIYNE FL 33149**

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

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 13, 2000 Min. 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPANA, AMANDA LEONOR</b>	
STREET ADDRESS	<b>125 WOODCREST LANE</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL 33149</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

Date

Daytime Phone #

9-1-00

305-361

CR2E034 (5/00)

1720