

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90012 015 \*\*\*550.00

**DOCUMENT # P99000100230**  
 1. Entity Name  
**OBERA, INC.**

Principal Place of Business  
**125 WOODCREST LANE**  
**KEY BISCAIYNE FL 33149**

Mailing Address  
**705 CURTISWOOD DR**  
**KEY BISCAIYNE FL 33149**



2. Principal Place of Business  
**705 Curtiswood dr**

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Key Biscayne FL**

City & State

Zip **33149** Country **USA**

4. FEI Number **65-0960564**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CALVO, LIZABETH F**  
**328 CRANDON BLVD.**  
**SUITE 226**  
**KEY BISCAIYNE FL 33149**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPANA, AMANDA LEONOR</b> <b>125 WOODCREST LANE</b> <b>KEY BISCAIYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAMPANA, AMANDA LEONOR</b> <b>705 Curtiswood rd</b> <b>Key Biscayne FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Andres Martin Grigio</b> <b>President</b> <b>705 Curtiswood Rd</b> <b>Key Biscayne, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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 REQUIRED Campa **8-14-01** **305-205-8837**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)