

2000 UNIFORM BUSINESS REPORT (SBR)

DOCUMENT # P99000022452

1. Entity Name

OLYMPIA TRADING, COM, INC

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 034 ***150.00

Principal Place of Business

148 E FLAGLER ST
MIAMI, FL 33130

Mailing Address

148 E FLAGLER ST
MIAMI, FL 33130

2. Principal Place of Business

144 E FLAGLER ST

Suite, Apt. #, etc.

3. Mailing Address

144 E FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0913495

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

SCHIFFRIN, MICHAEL
 SUITE 1450
 SUNTRUST INTERNATIONAL CENTRE
 ONE SE 3RD AVE
 MIAMI, FL 33131

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 transferring)

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	P. MONTAR, ISAAC	148 E FLAGLER ST	MIAMI, FL 33130	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Change	☐ Add
	P. MONTAR, ISAAC	144 E FLAGLER ST	MIAMI, FL 33131	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 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

File, print & name