

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-05-2003 90718 002 ***150.00

DOCUMENT # **689671** ✓



1. Entity Name

OLIVIA HAUTE COUTURE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2707-A LAWSON BLVD

3. Mailing Address

P.O. Box 1124

Suite, Apt. #, etc.

DELRAY BEACH

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

NIAGARA FALLS NY

4. FEI Number

59-2053876

Applied For

☐ Not Applicable

Zip

33445

Country

USA

Zip

14303

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

OLIVIA ANDREGO

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

2707-A LAWSON BLVD

DELRAY BEACH

City

FLORIDA FL

Zip Code

33445

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ANDREGO, OLIVIA
2707-A LAWSON BLVD
DELRAY FL 33445**

TITLE
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12. 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 10 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

CR2E034B (12/02)