

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02702

1. Entity Name

O.L. CONSULTING, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90066 044 ***150.00

Principal Place of Business

Mailing Address

~~9-LAWRENCE WEINER~~
~~3030 S.W. 84 AVE~~
~~MIAMI FL 33135~~

~~9-LAWRENCE WEINER~~
~~3030 S.W. 84 AVE~~
~~MIAMI FL 33135~~

2. Principal Place of Business

3030 S.W. 84TH AVENUE

3. Mailing Address

3030 S.W. 84TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2400948

Applied For

Not Applicable

Zip

33155

Country

MIAMI-DADE

Zip

33155

Country

MIAMI-DADE

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

~~LOMBA, ORLOFF J~~
~~3030 SW 84TH AVE~~
~~MIAMI FL 33135~~

Name

LOMBA, Aurelia

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

3030 S.W. 84TH AVENUE

City

MIAMI

FL

Zip Code
33155

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 *Aurelia Lomba*

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

(NOTE: Registered Agent signature required when reinstating)

April 26, 2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOMBA, O.J. 3030 SW 84 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOMBA, AURELIA 3030 S.W. 84TH AVENUE MIAMI, FLORIDA 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOMBA, ORLOFF J. 3030 S.W. 84TH AVENUE MIAMI, FLORIDA 33155.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOMBA, AURELIA 3030 S.W. 84TH AVENUE MIAMI, FLORIDA 33155.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Aurelia Lomba*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aurelia Lomba

Date

Daytime Phone #

APR 24 2001 (201) 225-5717

CR2E034 (10/00)