

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90036 002 ***158.75

DOCUMENT # H40280

1. Entity Name

OLRI INCORPORATED

Principal Place of Business

Mailing Address

**601 SOUTH FEDERAL HWY
LAKE WORTH FL 33460
US****1525 SOUTH PALM WAY
LAKE WORTH FL 33460-5765
US****00057119**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1601 South Federal HWY
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

4. FEI Number

65-0031344

Applied For

Not Applicable

Zip

33460

Country

US

Zip

Country

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

**MAKI, OLAVI
1525 SOUTH PALM WAY
LAKE WORTH FL 33460**

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **DPT** ☐ Delete
NAME **MAKI, OLAVI**
STREET ADDRESS **1525 SOUTH PALM WAY**
CITY-ST-ZIP **LAKE WORTH FL 33460**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MAKI, RITVA**
STREET ADDRESS **1525 SOUTH PALM WAY**
CITY-ST-ZIP **LAKE WORTH FL 33460**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **MAKI, JANNE**
STREET ADDRESS **8688 RODEO DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAVENPORT, SARI**
STREET ADDRESS **2515 OAK GARDEN**
CITY-ST-ZIP **HOLLYWOOD FL 33020**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **HANNA, KRISTINA**
STREET ADDRESS **520 N.W. 7TH STREET**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Olavi Maki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00 (561) 547-0009

Date

Daytime Phone #