

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90040 010 \*\*\*150.00

**DOCUMENT # L84810**  
 1. Entity Name  
**VIVIAN OLIVA, INC.**

Principal Place of Business 11051 NW 7TH ST. #102 MIAMI FL 33172	Mailing Address 11051 NW 7TH ST. #102 840 NW 87TH AVENUE #302 MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>19520 SW 128 ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>19520 SW 128 ave</b> Suite, Apt. #, etc.
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33177</b>	Zip <b>33177</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0213592</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**OLIVA, VIVIAN**  
**840 NW 87TH AVENUE #302**  
**MIAMI FL 33172**

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 \_\_\_\_\_ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLIVA, VIVIAN</b> <b>840 NW 87TH AVE#302</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, LAURA</b> <b>11051 NW 7 STREET #102</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>new address</b> <b>6701 SW 116 ct.</b> <b>unit 107 miami, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>new address</b> <b>19520 SW 128 ave</b> <b>Miami, FL 33177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Laura M Perez Laura M Perez 3-21-01 (786)2424500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)