

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90287 041 ***158.75

DOCUMENT # **L91349**

1. Entity Name
OLYTON HEALTH SERVICES, INC.

Principal Place of Business 4975 E 4TH AVE HIALEAH FL 33013 US	Mailing Address 4975 E 4TH AVE HIALEAH FL 33013-1508 US
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00004110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4955 E. 4th WE**
 3. Mailing Address: **4955 E. 4th WE**

Suite, Apt. #, etc.

City & State: **HIALEAH, FL 33013**

4. FEI Number: **65-0209088**
 Applied For
 Not Applicable

Zip: **33013** Country: **USA**

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

6. Name and Address of Current Registered Agent
RAVENTOS, ANTONIO
4975 E 4TH AVE
HIALEAH FL 33013

7. Name and Address of New Registered Agent
 Name: **ANTONIO RAVENTOS**
 Street Address (P.O. Box Number is not acceptable): **4955 E. 4th WE**
 City: **HIALEAH** FL Zip Code: **33013**

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.
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	PT RAVENTOS, ANTONIO 6005 WILLOW LANE MIAMI LAKES FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELGADO, ARELIS 582 E. 15ST HIALEAH FL 33013
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	P.T. ANTONIO RAVENTOS 1755 COLLINS AVE #802 MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **[Signature]** **REQUIRED** Date: **1-10-00** (305) 681 8933

CR2E034 (9/99)