

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006744

1. Entity Name
OLIVEIRA PROPERTIES, LC

FILED

00 MAR 23 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2524 NORFOLK RD.
ORLANDO FL 32803

Mailing Address

2524 NORFOLK RD.
ORLANDO FL 32803-1343

2. Principal Place of Business

2524 NORFOLK RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLA

City & State

4. FEI Number

59-3607288

Applied For

Not Applicable

Zip

32803

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE OLIVEIRA, SERGIO
2524 NORFOLK RD.
ORLANDO FL 32803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
NAME DEOLIVEIRA, SERGIO
STREET ADDRESS 2524 NORFOLK RD.
CITY- ST- ZIP ORLANDO FL 32803 ☐ Delete

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003198302--4
CITY- ST- ZIP -04/06/00--01060-018

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 ☐ Addition
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-6-2000 407 925-7484

CR2E083 (9/99)