

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043307

1. Entity Name

OLAGRAM CORPORATION

Principal Place of Business

6849 NW 173 DRIVE #F-201
MIAMI LAKES FL 33015

Mailing Address

6849 NW 173 DRIVE #F-201
MIAMI LAKES FL 33015

2. Principal Place of Business

2841 N.W. 99th Terrace

3. Mailing Address

2841 N.W. 99th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33322

Country

U.S.A.

Zip

33322

Country

U.S.A.

4. FEI Number

651005389

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, SERGIO
6849 NW 173 DRIVE #F-201
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

Name

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

2841 N.W. 99th Terrace

City

Sunrise

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

4-24-01

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	PD	<input type="checkbox"/> Delete	TITLE	2841 N.W. 99 th Terrace	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, SERGIO		NAME	Sunrise, FL 33322	
STREET ADDRESS	6849 NW 173 DRIVE #F-201		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33015		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, JORGE A		NAME		
STREET ADDRESS	6849 NW 173 DRIVE #F-201		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33015		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Sergio Ramos

4-24-01 954-583-0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90057 017 ***150.00

977034



DO NOT WRITE IN THIS SPACE