5/28/2002-91759-016-$158.75-$158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043779

1. Entity Name
Olivera's Maintenance Services, Inc

FILED
02 AUG 22 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
96311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3741 W 11th court	
Suite, Apt. #, etc. 28	Suite, Apt. #, etc.
City & State Hialeah, FL	City & State
Zip 33012 / Country USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: PABLO R. OLIVERA

Street Address (P.O. Box Number Is Not Acceptable): 3741 W 11 COURT #28

City: HIALEAH FL Zip Code: 33012

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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: PABLO R. OLIVERA PRESIDENT 7/30/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PST	TITLE	
NAME	Pablo R. Olivera	NAME	
STREET ADDRESS	3741 W 11 court #28	STREET ADDRESS	
CITY-ST-ZIP	Hialeah-FL-33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 05/03/02 (305) 557-1421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #