

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90152 010 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000056036

1. Entity Name
OLIVER SERVICES CORPORATION



Principal Place of Business
10822 NW 58TH ST.
MIAMI, FL 33178

Mailing Address
10822 NW 58TH ST.
MIAMI, FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1018338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVEIRA, TERCIO M
10822 NW 58TH ST.
MIAMI, FL 33178

Name

D'Lima, Berenice L.

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

10822 NW 58 Street

City

Miami

FL

Zip Code
33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

9-8-03

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

(NOTE: Registered Agent signature required when winding up)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
OLIVEIRA, TERCIO M
8811 FONTAINEBLEAU BLVD., #308
MIAMI, FL 33172** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/T/D
D'LIMA, BERENICE L
3092 SW 165 Avenue
Miramar, FL 33027** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **9/8/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-629-9414

DATE

Daytime Phone #

CR2E034 (10/02)