

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000059627**1. Entity Name  
**OLIANZ CORP.****Principal Place of Business**

1001 NORTH FED HWY SUITE 202

HALLANDALE FL  
33009**Mailing Address**

1001 NORTH FED HWY SUITE 202

HALLANDALE FL  
330092. Principal Place of Business  
6504 CONTEMPO LANE3. Mailing Address  
6504 CONTEMPO LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FLCity & State  
BOCA RATON FL4. FEI Number  
**65-1026744**Applied For  
Not ApplicableZip Country  
33433Zip Country  
334335. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**LEDUC REJEAN  
1001 NORTH FED HWY SUITE 202HALLANDALE FL  
33009**7. Name and Address of New Registered Agent**Name  
SIMMS SUSAN EStreet Address (P.O. Box Number is Not Acceptable)  
6504 CONTEMPO LANECity Zip Code  
BOCA RATON FL 33433

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 **SUSAN E. SIMMS****04/26/2001**

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) ☒**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**TITLE D ☐ Delete  
NAME MICHEL REBILLET JEAN PAUL A  
STREET ADDRESS LES SALLES 42370 ST-ANDRE D  
CITY-ST-ZIP FRANCETITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition  
NAME REBILLET JEAN PAUL A  
STREET ADDRESS LES SALLES 42370  
CITY-ST-ZIP ST-ANDRE D'APSHAN FR FRANCETITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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: JEAN PAUL REBILLET**

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)