## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Oct 02, 2002 8:00 am Secretary of State P01000002512 DOCUMENT # 1. Entity Name 10-02-2002 90118 040 \*\*\*150.00 OLIVA COUNTER-TOP'S CORP. Principal Place of Business Mailing Address 8251 N.W. 8TH-ST 8251 N.W. 8TH ST APT-510 -APT 510 MIAMI FL 33126 -MIAMI-FL: 33120-2. Principal Place of Business 3. Mailing Address 3216 SW 3216 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4 FEI Number Applied For 03-0414048 iami ami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONASTERIO, ALEXIS J Street Address (P.O. Box Number is Not Acceptable) 8251 N.W. 8TH ST 13216 SW 10 -APT 510 --MIAMI-FL 33126 City Miami 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Addition OLIVA, ALEXIS J. NAME NAME OLIVA, ALEXIS J 13216 SW 10 TXYY STREET ADDRESS 8251 N.W. 8TH ST. APT 310 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128-Miami FL 33184 Change TITLE TITLE ☐ Addition OCIVA, DONAUS NAME NAME OLIVA, DONALIS D- OCI VA, DONALIS. 13216 SW10 TEXY STREET ADDRESS STREET ADDRESS 8251 N.W. 8TH ST. APT 510 City-St-Zin CITY-ST-ZIP miami MIAMI FL 33128 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

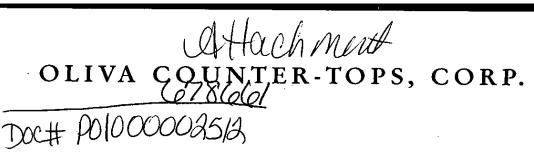
with all other like empowered.

changed, or on an attachment

SIGNATURE:

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

FILED



September 16, 2002

Department of State P.O. Box 6327 Tallahassee, Fl 32314

Dear Sir or Madam:

This is the first notice I received for the filing fees, I did not receive the first notice, now we realize that this is the old address, please see if you can waive de late penalties, enclosed please find the check for \$150.00 with the second notice report.

NEW ADDRESS: 13216 SW 10<sup>TH</sup> TERRACE

MIAMI, FLORIDA 33184

Thank you, for takes care our case. If you need additional information, do not hesitate to call us.

Sincerely,

Alexis Oliva President