FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -1 PM 3:22

DOCUMENT # P01000002512

1. Entity Name: Oliva Counter-Top's Corp.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8906 W Flagler ST	
Suite, Apt. #, etc.: Apt 219	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State:
Zip: 33174 Country:	Zip: Country:

4. FEI Number: 030416048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Monasterio, Alexis J

Street Address (P.O. Box Number is Not Acceptable): 13216 SW 10 Terrace

City: Miami, FL Zip Code: 33184

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $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

TITLE	P
NAME	Oliva, Alexis J
STREET ADDRESS	8906 W Flagler ST Apt 219
CITY-ST-ZIP	Miami, FL 33174
TITLE	V
NAME	Rivas, Reynier
STREET ADDRESS	8906 W Flagler ST Apt 219
CITY-ST-ZIP	Miami, FL 33174
TITLE	S
NAME	Oliva, Donalis D
STREET ADDRESS	8906 W Flagler ST Apt 219
CITY-ST-ZIP	Miami, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12/11/03--01040--022 **150.00

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CR2E034B (12/02)

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

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 150.00 for the annual report fee with my application.

Please be advise that on December 2002 we moved to 8906 W Flagler Street, Miami, Fl 33174 and we did not receive the U.B.R. for the year 2003 or any other notice from the Division of Corporations in respect with the Corporation **OLIVA COUNTER-TOP'S CORP.**

Thank you for your courtesy in this matter.

ALEXIS OLIVA
PRESIDENT