

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
CLERK OF STATE
DIVISION OF CORPORATION
03 DEC -1 PM 3:22

DOCUMENT # **P01000002512**

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



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

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4. FEI Number
030416048

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

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 this 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 _____

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**

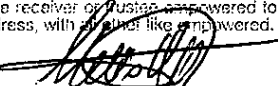
10. OFFICERS AND DIRECTORS

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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

400025423104
12/11/03--01040--022 ***150.00

DO NOT WRITE IN THIS SPACE

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 or without like empowered.

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

Date _____ (Daytime Phone # _____)

CRCE034B (12/02)

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