

**2,003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91415 028 ***158.75

DOCUMENT # **P01000003147**

1. Entity Name

UNIVERSAL OLIVES COMPANY USA CORP



DO NOT WRITE IN THIS SPACE

11040273

2. Principal Place of Business

16155 S.W. 117 AVE.

3. Mailing Address

P. O. Box 650933

Suite, Apt. #, etc.

UNIT B-23

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL. 33265-0933

4. FEI Number

65-1065524

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Hector A. CARBALLOSA

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

3301 S.W. 139 AVE

City

Miami

FL

Zip

33175

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**D Luis M. MERCHAN
3301 S.W. 139 AVE.
MIAMI, FL. 33175**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D Luis MERCHAN-PEREZ.
3301 S.W. 139 AVE
MIAMI, FL. 33175**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D Hector A. CARBALLOSA.
3301 S.W. 139 AVE.
MIAMI, FL. 33175**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D HUGO CARBALLOSA-VAZ QWAZ
3301 S.W. 139 AVE.
MIAMI, FL. 33175**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 all other like empowered.

SIGNATURE:

Hector A. Carballosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/03

Date

(305) 385-8974

Daytime Phone #

CR2E034B (12/02)