

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90333 043 ***150.00

DOCUMENT # P01000010510

1. Entity Name
OLLIRAC INTERNATIONAL GROUP, INC.

Principal Place of Business
2654 MEADOW OAKS LOOP
CLERMONT FL 34711

Mailing Address
2654 MEADOW OAKS LOOP
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7061 GRAND NATIONAL DRIVE

3. Mailing Address
SAME AS PRINCIPAL.

Suite, Apt. #, etc.
SUITE # 105-N

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State

4. FEI Number
59-3693801

Applied For
 Not Applicable

Zip
32819

Country
ORANGE

Zip

Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

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TITLE **D** ☐ Delete
 NAME **CARRILLO, JORGE E**
 STREET ADDRESS **2654 MEADOW OAKS LOOP**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
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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 powers.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2002
 Date
407-341-1900
407-370-6444
 Daytime Phone #

CR2E034 (9/01)