

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90062 002 ***150.00

DOCUMENT # P01000029460

1. Entity Name

OLYMPIA OWNERSHIP, INC.

Principal Place of Business

**133 SEVILLA
 CORAL GABLES FL 33134**

Mailing Address

**133 SEVILLA
 CORAL GABLES FL 33134**

2. Principal Place of Business

2450 SW 137 AVE

3. Mailing Address

2450 SW 137 AVE

Suite, Apt. #, etc.

SUITE 234

Suite, Apt. #, etc.

#234

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. FEI Number

05-1104851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, PETER M ESQ
 133 SEVILLA
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **PETER M. LOPEZ, ESQ**

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

2450 SW 137 AVE

Suite: 234

City

MIAMI

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE **D** ☐ Delete
 NAME **RIPOLL, PEDRO**
 STREET ADDRESS **11244 NW 73RD ST.**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ Delete
 NAME **RIPOLL, AIXA**
 STREET ADDRESS **11244 NW 73RD ST.**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowered.

SIGNATURE:

PEDRO RIPOLL, PRES. 03/08/02 3056930793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)