

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-27-2002 90114 042 ***150.00

DOCUMENT # P01000054488

1. Entity Name
OGGI ENTERPRISES, INC.

Principal Place of Business

300 SUNRISE DRIVE
APARTMENT 3D
KEY BISCAYNE FL 33149

Mailing Address

300 SUNRISE DRIVE
APARTMENT 3D
KEY BISCAYNE FL 33149

2. Principal Place of Business

5773 SW 49st

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip 33155

Country USA

3. Mailing Address

5773 SW 49st

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip 33155

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1112408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

DE LA VEGA & MOEGADE

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

1 ALHAMBRA PLAZA

14th Floor

City

Coral Gables

FL

Zip Code

33134

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LUIS, OLGA M	
STREET ADDRESS	300 SUNRISE DRIVE APARTMENT 3D	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLGA M. LUIS	
STREET ADDRESS	5773 SW 49st	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OLGA M. LUIS 8/2/02 305 7940186

Date

Daytime Phone #

Attachment
#PO1000054488

976359

August 2nd, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL

I regret to inform you that I have not received this form previously. I would like to request to waive the late fee. I am a first time Corporation owner, on my own and unaware of the procedure. If I would of received a form or notice I would of taken care of it immediately.

I am enclosing my original \$150 filing fee. If you have any questions please do not hesitate to call me (805) 794-0686.

Thank you

Olga Luis
President