FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

Daytime Phone •

DOOLNES !			05-21-2002	05-21-2002 90884 019 ***150.00	
DOCUMENT # P01000	063657				
1. Eritity Name					
OLYMPIA TITLE AGENCY,	INC.	•			
		 			
DO NOT WO	To 41 - 11		•		
DO NOT WRI	IE IN THIS S	PACE			
Principal Place of Business 2000 N. P. 101 - D. Ch. 3. Mailing Address			 ·		
2999 N.E. 191st Street		· · · · · · · · · · · · · · · · · · ·	'	•	
Suite, Apt. #, etc. Suite 900 Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & State City B. State					
Aventura, Florida			4. FEI Number	X Applied For	
33180 Country	Zip	Country	applied for	Not Applicable	
33180			5. Certificate of Status Desired	- \$8.75 Additional Fee Required	
·			7. Name and Address of Current Re		
DO NOT	14/51	Name			
DO NOT WRITE IN THIS SPACE		Adam R. Schiffman Street Address (P.O. Box Number is Not Acceptable)		,	
		,	os value is not neceptable)	e e	
	OI AOL	2000	N.E. 191st Street S	• • • • • • • • • • • • • • • • • • • •	
		Cii	N.E. 191st Street, S		
8. The above named entity submits this state of	and for the annual control of the co	Aye	entura	FL 33180	
8. The above named entity submits this state no	ent for the purpose of changing its	s registered office or reg	istered agent, or both, in the State of Florida	1.	
SIGNATURE					
Signature, typed or printed name of registered.	agent and tale if applicable. (NO+	F. Registered Agent signature rec	Ruled or have to investment		
9. This corporation is eligible to satisfy its Intang	T-14	lay 1, Fee is \$150.00		DATE	
Tax filing requirement and elects to do so.	After May	1. Fee is \$550.00	10. Election Campaign Financi	no ¢5.00	
(Ca	Amende Check Payat	d HRR left61/95 Pick	Thursday Target Court of the	ng \$5.00 May Be Added to Fees	
1. OFFICERS A	ND DIRECTORS	ole to Department of	State		
ILLE PSTD		TITLE			
Adam R. Schiffman	Adam R. Schiffman		•		
REFAULURES 2999 N.E. 191 Street. #900		NAME STREET ADDRESS	·		
Aventura, Florida 33180		CITY-ST-ZIP		CONCENTRATION OF THE PROPERTY	
III VP		TITLE			
ME Fred Hochsztein		NAME	,	ို	
mer in 1340 harrison Street, #300		STREET ADDRESS	·		
Hollywood, Florida 33020		CITY+ST-ZIP	<u> </u>		
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IY-SI-ZIP		CITY-ST-7IP	DO NOT W	RITE	
16		TITLE			
ME		NAME	IN THIS SP	ACE	
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		CITY-ST-ZIP			
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REET ADDRESS	•	NAME			
Y-51-ZIP		STREET ADDRESS			
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FET ADDRESS .		NAME STREET ADVIDESS	*	A STATE OF THE STA	
-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	•		
I hereby certify that the information supplied wi	the this filling does not qualify for the	P exemption stored in C	Deline 1:10 07/10/2 5		
I hereby certily that the information supplied windicated on this report or supplemental proof of the corporation or the receiver or trastice on attachment with an address with all other like.	is true and accurate and that my	signature shall have the	ection 179.07(3)(i), Florida Statutes, Flurther Samo legal effect as if made under carbotic	Certify that the information	
of the corporation or the receiver or trustee en attachment with an address, with all other like of	empawered.	is required by Chapter 6	507. Florida Statutes: and that my name app	Dears in Block 11 or on an	
		•			
GNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR				
Adam R. Sc	hiffman	DIRECTOR	Date	Daytime Phone #	