40 Sept 12

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2003 8:00 am Secretary of State

Date

Daytime Phone #

ONI ONI DOSINESS REPORT (ODIN)				06-02-2003 90188 043 ***150.00		
DOCUMENT # P01000105871 1. Entity Name						
OLIVE CROVE INC					,	
OLIVE GROVE, INC				-	ĺ	
DO N	IOT WRIT	E IN THIS	SPACE	90138338	}	
2. Principal Place of Business 3424 S. DALE MABRY HWY		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State TAMPA, FL		City & State		4. FEI Number 59-3747090	Applied For Not Applicable	
Zip 33629	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				ame and Address of Current Regis	tered Agent	
	• • •	The state of the s	Name			
[DO NOT V	VRITE		Omar El Moghrabi Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE			3424 S Dale Mabry Hwy		prable)	
	M I LID 2	PACE				
			City		Zip Code	
			Tampa	FL	33629	
8. The above named	l entity, submits this	statement for the purpo	se of changing its regis	stered office or registered agent, or b	oth, in the	
State of Florida.	am familiar with, an	d accept the obligations	s of registered agent.		ļ	
SIGNATURE						
		e of registered agent and title	if applicable. (NOTE: Reg	pistered Agent signature required when reinstati	ng) DATE	
	- May 1 Fee is \$15 lay 1, Fee is \$550.0			9. Election Campaign Financing \$5.00		
Amended UBR is \$61.25				Trust Fund Contribution. Added to F		
Make Check Payabl						
13. TITLE	President	AND DIRECTORS	11.		_ 	
NAME	Omar El Moghrabi		NAME			
STREET ADDRESS	3424 S Dale Mabr	y Hwy	STREET ADDRES	ss		
CITY-ST-ZIP	Tampa, FL 33629		CITY-ST-ZIP TITLE			
NAME	}	,	NAME			
STREET ADDRESS	*		STREET ADDRES	SS		
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NAME			NAME		l l	
STREET ADDRESS			STREET ADDRES	ss		
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STREET ADDRESS			STREET ADDRES	ss		
CITY-ST-ZIP	la información de la constante	Limited and a few and	CITY-ST-ZIP	142 276 7	1633	
				stated in Section 119.07(3)(i), Florida Sta and that my signature shall have the san		
as if made under oa	th; that I am an officer	or director of the corporati	ion or the receiver or trust	tee empowered to execute this report as a	required by	
Chapter 607, Florida	a Statutes; and that my	name appears in Block 1	0 or on an attachment wit	h an address, with all other like empower	ed.	
		2			į	
SIGNATURE:	D				ì	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Affaeliment

90138338 P01000105871 OLIVE GROVE, INC. 3434 SOUTH DALE MABRY HWY TAMPA, FLORIDA 33629 (813) 831-9766

May 23, 2003

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Re:

UBR for 2003

Dear Sirs:

We noticed that we have not received our 2003 UBR in the Mail. This appears to have been misdirected or lost. We have had some mail misdirected and this may be the case with the UBR

Enclosed is a completed UBR along with the filing fees of \$150. We ask that you accept this as due cause to file this report late

Sincerely

Omar El Moghrabi, President