

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90278 005 ***150.00

DOCUMENT # P02000016191

1. Entity Name
OCA ITA, CORP.



Principal Place of Business

200 NE 20TH STREET
216 C
BOCA RATON FL 33428

Mailing Address

200 NE 20TH STREET
216 C
BOCA RATON FL 33428

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0547294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AQUILINO, JULIANA
3961 N. FEDERAL HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Renildo F. Araujo

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

200 NE 20th Street # 216 C

City

Boca Raton

FL

Zip Code

33428

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08/05/2003

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ARAUJO, RENILDO F
STREET ADDRESS 200 NE 20TH STREET # 216 C
CITY-ST-ZIP BOCA RATON FL 33428

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

08/05/2003 -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90149775

200 NE 20th Street#216C
Boca Raton, FL 33428

RE: OCA ITA, CORP.
P02000016191

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE. I DID NOT RECEIVE THE ANNUAL REPORT PAPER IN MY HOUSE. I DIDN'T KNOW ABOUT THIS ANNUAL REPORT. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

THIS IS MY CORRECT ADDRESS IN CASE YOU HAVE IT WRONG ON YOUR RECORDS:

200 NE 20th STREET#216C
BOCA RATON, FL 33428

I AM ENCLOSING A CHECK OF \$150.00.

SINCERELY,



RENILDO F. ARAUJO