FILED
May 29, 2003 8:00 am
Secretary of State
05-01-2003 90770 023 ***150.00

5/1

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02000036366

1. Entity Name

OLIVA HOLDINGS CORP.

55044330

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3400 CORAL WAY	
Suite, Apt. #, etc.: S-600	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33145-3053 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0580149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:

Name: OLIVA, GILBERTO F.

Street Address (P.O. Box Number is Not Acceptable): 3400 CORAL WAY

S-600

City: MIAMI FL Zip Code: 33145-3053

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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: PD NAME: OLIVA, GILBERTO F STREET ADDRESS: 3400 CORAL WAY S-600 CITY-ST-ZIP: MIAMI, FL. 33145-3053	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VD NAME: OLIVA, JOSE R. STREET ADDRESS: 3400 CORAL WAY S-600 CITY-ST-ZIP: MIAMI, FL 33145-3053	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: TD NAME: OLIVA, CARLOS STREET ADDRESS: 3400 CORAL WAY S-600 CITY-ST-ZIP: MIAMI, FL 33145-3053	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE: S NAME: OLIVA-SUAREZ, JEANNIE D STREET ADDRESS: 3400 CORAL WAY S -600 CITY-ST-ZIP: MIAMI,FL 33145-3053	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gilberto F Oliva 04/28/03 (305) 446 2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number