FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91160 013 ***150.00

DOCUMENT # P02000036865

1. Entity Name
Olivares International Corporation

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2. Principal Place of Business	3. Mailing Address
2910 W. Waters Ave.	2910 W. Waters Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33614 Country:	Zip: 33614 Country:

4. FEI Number 04-3648812 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jesus E. Olivares

Street Address (P.O. Box Number is Not Acceptable): 2910 W. Waters Ave

City: Tampa FL Zip Code: 33614

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:	President
NAME:	Jesus E. Olivares
STREET ADDRESS:	2910 W. Waters Ave
CITY-ST-ZIP:	Tampa, FL 33614
TITLE:	Vice-President
NAME:	Vilma L. Noguera
STREET ADDRESS:	2910 W. Waters Ave.
CITY-ST-ZIP:	Tampa, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)