2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000087118

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90252 009 ***150.00

| OUP, INC. | | | | | | | |
|--|---|-----------------|--|--|--------------------------|--|--|
| Principal Place of Business 10911 S W 59TH COURT MIAMI FL 33156 Mailing Address 10911 S W 59TH COURT MIAMI FL 33156 | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKI | NG CH | IANGES | |
| te | City & State | | | 4. FEI Number 52 - 2 3724/4 | | | oplied For |
| Country | Zip | Zip Country | | 5. Certificate of Status Desired | | . 75 Ad | |
| 6Name and Address of Curren | t Registered Agent | | | 7. Name and Address of New Registers | | | |
| , Karen Weiner | | | Name ESC | CALERA, KAREN WEINE | | | |
| W 59TH COURT | | | Street Address (I | P.O. Box Number is Not Acceptable) | | | |
| 33156 | | | | • | | | |
| | | | City | | LT | Zip Cod | e |
| named entity submits this statement fitions of registered agent. | or the purpose of changing i | its registere | ed office or registere | | | iar with, | and accept |
| • | • | | | | | | |
| Signature, typed or printed name of registered agent | and title if applicable. (NC | DTE: Registered | d Agent signature required | when reinstating) DATE | | | |
| ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o | f State | <u>-</u> | | Election Campaign Financing Trust Fund Contribution. | | | 0 May Be I to Fees |
| T | DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS A | VD DIR | ECTORS | 3 IN 11 |
| D ESCALERA, KAREN WEINER 10911 S W 59TH COURT MIAMI FL 33156 | ☐ Delete | NAME STREE | ET ADDRESS | | | | ☐ Addition |
| | □ Delete | NAME STREE | ET ADDRESS | | | Change | Addition |
| | □ Delete | NAME STREE | T ADDRESS | - whose and the state of the second | [] | Change | Addition - |
| | ☐ Delete | STREE | T ADDRESS | | | Change | ☐ Addition |
| | ☐ Delete | STREE | T ADDRESS | | | Change | Addition |
| | ☐ Delete | | | | | hange | Addition |
| | ce of Business 9TH COURT 156 Place of Business #, etc. te Country 6. Name and Address of Curren KAREN WEINER N 59TH COURT 33156 Parmed entity submits this statement fitions of registered agent. Signature, typed or printed name of registered agent Signature typed or printed name of registered agent N 59TH COURT Signature typed or printed name of registered agent CFICERS AND D ESCALERA, KAREN WEINER 10911 S W 59TH COURT | Delete | ### COURT 10911 S W 59TH COURT 110911 | Deep of Business STH COURT SES STH COURT MAMI FL 33156 Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. etc. Suito, Apt. #, etc. 10e Country Zip Country Country ARREN WEINER N 59TH COURT 33156 City Street Address (City C | The Country State A | co of Business SPH COURT Maining Address 1081 S W SPH COURT MAIN FL 3158 4. etc. Suito, Apt. etc. City & State Country Country Zip Country Zip Country S. Certificate of Status Descrid S. A. FEI Number S. Caty S. State Country S. Certificate of Status Descrid S. Remains and Address of New Registered Agent 7. Number and Address of New Registered Agent Name Street Address (P.C. Box Number's Not Acceptable) City FL City City City FL City City City FL City City City FL City City FL City City City City FL City C | Cert Business The COURT MAN IT 20156 The Country Tipe Tipe Tipe Tipe Tipe Tipe Tipe Tipe |

indicated on this report or supplied with this filling 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 the composition of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-670-1984