FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90726 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098324

1. Entity Name
OLIVO REALTY, INC.

90119600

Principal Place of Business	Mailing Address
1674 COLLINS AVENUE MIAMI BEACH, FL 33139	1674 COLLINS AVENUE MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
4000 Ponce de Leon Blvd	4000 Ponce de Leon Blvd
Suite, Apt. #, etc. 470	Suite, Apt. #, etc. 470
City & State Coral Gables	City & State Coral Gables
Zip 33146 Country USA	Zip 33146 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 134211583 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVO, LUIS
1674 COLLINS AVENUE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVO, LUIS 1674 COLLINS AVENUE MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: ______ 5/1/03 786 326-5685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #