

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90293 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069472

1. Entity Name

OLDEK INVESTMENTS, INC.

Principal Place of Business

Mailing Address

6350 Oak Meadow Bend
Orlando, FL 32819

6350 Oak Meadow Bend
Orlando, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 326 869 3

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0070378

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Florida Corporate Support Inc.
200 E. Robinson Street
Suite 200
Orlando, FL 32801

Name

Olga D. Munoz

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

6350 Oak Meadow Bend

City Orlando

FL

Zip Code 32819

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME Olga D. Munoz
STREET ADDRESS 6350 Oak Meadow Bend
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME Carmen Fisher
STREET ADDRESS 6350 Oak Meadow Bend
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Olga D. Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01

CR2E034 (11/00)