

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90048 042 ***150.00

DOCUMENT # P95000006628

1. Entity Name
OLIVES & FOODS, INC.

Principal Place of Business
13903 NORTHWEST 67TH AVENUE
SUITE 430
MIAMI LAKES FL 33014-2939

Mailing Address
13903 NORTHWEST 67TH AVENUE
SUITE 430
MIAMI LAKES FL 33014-2939

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 **65-0552866**

Applied For
☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAZMURI, FERNANDO
13903 NORTHWEST 67TH AVENUE
SUITE 430
MIAMI LAKES FL 33014-2939

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.

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

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, 2002 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 **D** ☐ Delete
 NAME **POTO, ENCARNACION**
 STREET ADDRESS **13903 NORTHWEST 67TH AVENUE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014-2939**

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

TITLE **D** ☐ Delete
 NAME **SANCHEZ, FRANCISCO**
 STREET ADDRESS **13903 NORTHWEST 67TH AVENUE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014-2939**

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

TITLE **D** ☐ Delete
 NAME **ORTA, FRANCISCO**
 STREET ADDRESS **13903 NORTHWEST 67TH AVENUE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014-2939**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Fernando Gazmuri
FERNANDO GAZMURI
VICE-PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 305-821-3444

Date

Daytime Phone #

CR2E034 (9/01)