

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 042 ***150.00

DOCUMENT # **P 96000006032**

1. Entity Name

OLEK, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5064 S.W. 34th TERN

Suite, Apt. #, etc.

3. Mailing Address

5064 S.W. 34th TERN

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FLORIDA

City & State

HOLLYWOOD FL

4. FEI Number

Applied For

Not Applicable

Zip

33312

Country

Zip

33312

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

OLEK HOWARD

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

5064 S.W. 34th TERRACE

City

HOLLYWOOD

FL

Zip Code

33312

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
OLEK DEBBIE
5064 S.W. 64th TERRACE
HOLLYWOOD FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DST
OLEK HOWARD
5064 S.W. 34th TERRACE
HOLLYWOOD FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie Olek

3/15/02 954-927-7300

Date

Daytime Phone #

CR2E034B (12/01)