

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041317

1. Entity Name
OLARTE INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90069 001 ***150.00

Principal Place of Business

Mailing Address

~~1372 NW 129 TERRACE~~

~~1372 NW 129 TERRACE~~

~~SUNRISE FL 33323~~

~~SUNRISE FL 33323~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

8224 130th Ave North

8224 130th Ave North

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

Zip

33412

Country

US

City & State

West Palm Beach, FL

Zip

33412

Country

US

4. FEI Number

65-0683269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Diana Olarte

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

8224 130th Avenue North

City West Palm Beach

FL

Zip Code

33412

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-01

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D

OLARTE, DIANA

~~1372 NW 129 TERRACE~~

~~SUNRISE FL 33323~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

8224 130th Ave North
West Palm Beach FL 33412

TITLE
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CITY-ST-ZIP

D

BERMUDEZ, PEDRO

~~1372 NW 129 TERRACE~~

~~SUNRISE FL 33323~~

☐ Delete

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CITY-ST-ZIP

☒ Change ☐ Addition

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02 561 333-8119

Date

Daytime Phone #

CR2E034 (9/01)