2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ac

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P96000069385 1. Entity Name OLLIVIER INVESTMENT CORPORATION 04-24-2001 90310 015 ***150.00 Mailing Address Principal Place of Business 14732 SW 43RD LANE 14732 SW 43RD LANE MIAMI FL 33183-4354 MIAMI FL 33183-4354 2. Principal Place of Business Mailing Address 56 St Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0782355 Not Applicable Zip Country Dade Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KASS, MARK E ESQ. Street Address (P.O. Box Number is Not Acceptable) 1497 NW 7TH STREET **MIAMI FL 33125** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible... -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE ☐ Addition OLLIVIER, GUADALUPE DE LA ESPRIELLA, GUADALUPE NAME NAME STREET ADDRESS 14732 SW 43RD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183-4354 Delete ☐ Change ☐ Addition TITLE TITLE DE LA ESPRIELLA, ALVARO NAME NAME STREET ADDRESS 14732 SW 43RD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 Delete TITLE ☐ Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filin indicated on this report or supplemental report is true and the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

r like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR