

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

FILED

04 DEC -2 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092590

1. Entity Name

Oliva General Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7180 W. 15th Crt.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

REINSTATEMENT 03 04

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, Florida

City & State

4. FEI Number
65-0708605

Applied For
Not Applicable

Zip
33014

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Felipe Oliva

Street Address (P.O. Box Number is Not Acceptable)
7180 W. 15th Crt.

City Hialeah, FL Zip Code 33014

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 re-instating)

DATE

11-29-04

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
P
Felipe Oliva
7180 W. 15th Crt.
Hialeah, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Mercedes Lopez
7180 W. 15th Crt.
Hialeah, Florida 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Please delete Carlos Borges

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

100043126571
12/02/04--01028--007 **300.00

for 11-29-04

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-04



RAUL RICARDO JR.
CERTIFIED PUBLIC ACCOUNTANT

November 29, 2004

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Oliva general Services, Inc.
Document # P96000092590


To Whom It May Concern:

Please be advised that the above-mentioned Corporation did not receive their annual report form for 2003 and 2004.

We are requesting that you waive the late fees and accept the enclosed UBR form along with a check in the amount of \$300 to cover for the initial renewal charges.

If you have any questions, please feel free to contact me at my office number listed below.

Sincerely,



Raul Ricardo, C.P.A.
Lic. # AC0013416