

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90044 026 ***150.00

DOCUMENT # P96000099922

1. Entity Name
OLYMPIC BUILDING, INC.

Principal Place of Business

**951 NE 167TH ST STE 204
 NO MIAMI BEACH FL 33162**

Mailing Address

**951 NE 167TH ST STE 204
 NO MIAMI BEACH FL 33162**

2. Principal Place of Business

**801 NE 167TH STREET
 Suite, Apt. #, etc.
 SECOND FLOOR**

3. Mailing Address

**801 NE 167TH STREET
 Suite, Apt. #, etc.
 SECOND FLOOR**

City & State
N. MIAMI BCH, FL

City & State
N. MIAMI BCH, FL

4. FEI Number **65-0732344**

Applied For
 Not Applicable

Zip Country
33162 USA

Zip Country
33162 USA

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

6. Name and Address of Current Registered Agent

**MEISTER, STEVE
 951 N.E. 167TH STREET
 STE. 204
 NO MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name **STEVEN MEISTER**
 Street Address (P.O. Box Number is Not Acceptable)
**801 NE 167TH STREET
 SECOND FLOOR**
 City **N. MIAMI BCH FL** Zip Code **33162**

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)
STEVEN MEISTER

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-02

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MEISTER, STEVEN	
STREET ADDRESS	951 NE 167TH ST STE 204	
CITY-ST-ZIP	NO MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN MEISTER	
STREET ADDRESS	801 NE 167 STREET, 2ND FLOOR	
CITY-ST-ZIP	N. MIAMI BCH, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **STEVEN MEISTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-02 305-653-2100

CR2E034 (9/01)