

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009867

1. Entry Name
O & A INVESTMENT GROUP, INC.



Principal Place of Business
**7575 W. 36 AVENUE
HIALEAH, FL 33108**

Mailing Address
**7575 W. 36 AVENUE
HIALEAH, FL 33108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

85-0744031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROZENCWAG, LESLIE A ESQ.
1 S.E. 3RD AVENUE
SUITE 960
MIAMI, FL 33131**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when withdrawing)

DATE

**FILED WITH FEES \$150.00
May 12, 2003 P.M. 4:55 P.M.
Make Check payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SANCHEZ, RODOLFO**
STREET ADDRESS **2990 N.W. 29TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☒ Delete
NAME **DENNIS, EDUARDO**
STREET ADDRESS **2990 N.W. 29TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **VP** ☐ Change ☒ Addition
NAME **FLORES, ORESTES**
STREET ADDRESS **2990 N.W. 29TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **T** ☐ Delete
NAME **FLORES, JUAN A**
STREET ADDRESS **2990 N.W. 29TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **T 5** ☒ Change ☐ Addition
NAME **FLORES, JUAN A**
STREET ADDRESS **2990 N.W. 29TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **VP** ☒ Delete
NAME **HERNANDEZ, AMADO**
STREET ADDRESS **2990 N.W. 29TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/03

07-15-2003 90021 037 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30143014



CFR034 (1/02)