

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022146

1. Entity Name
OLEO MASTERS, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90445 037 ***150.00

Principal Place of Business
625 BILTMORE WAY
SUITE 604
CORAL GABLES FL 33134

Mailing Address
625 BILTMORE WAY
SUITE 604
CORAL GABLES FL 33134

00049064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5842 SW 33RD ST.
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33155

Country
USA

4. FEI Number 65-0734450
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, TERESA M
625 BILTMORE WAY
SUITE 604
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PST
NAME RODRIGUEZ, TERESA M
STREET ADDRESS 749 NAVARRE AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Teresa M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 01 (305) 663-0507
Date Daytime Phone #

0164050

CR2E034 (10/00)