

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90160 017 ***150.00

0260747 AV

DOCUMENT # P97000034403

1. Entity Name

OIDY EXPORT CORPORATION

Principal Place of Business

**3876 SW 112TH AVE
 MIAMI FL 33165**

Mailing Address

**3876 SW 112TH AVE
 MIAMI FL 33165**

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

65-0744675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CRUZ, ENELIDA~~

~~11200 SW 33RD CIRCLE PLACE~~

~~MIAMI FL 33165~~

Name

ENELIDA M. RODRIGUEZ

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

11200 SW 33RD CIRCLE PLACE

City

MIAMI

FL

Zip Code

33165

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

Enelida Rodriguez

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME ~~CRUZ, ENELIDA~~
 STREET ADDRESS ~~11200 SW 33RD PLACE~~
 CITY-ST-ZIP ~~MIAMI FL 33165~~

TITLE **PD** ☐ Change ☐ Addition
 NAME **ENELIDA M. RODRIGUEZ**
 STREET ADDRESS **11200 SW 33RD CIRCLE PLACE**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **V** ☐ Delete
 NAME **RIDRUGUEZ, ESCARLETT**
 STREET ADDRESS **11200 SW 33RD PLACE**
 CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Enelida Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

Date

Daytime Phone #

CR2E034 (9/01)