

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036991

1. Entity Name

OLBS ENTERPRISES, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90015 023 ***150.00

Principal Place of Business

7372 BIG CYPRESS CT
 MIAMI FL 33014

Mailing Address

7372 BIG CYPRESS CT
 MIAMI FL 33014

2. Principal Place of Business

9028 NW 174 ST.

3. Mailing Address

9028 NW 174 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33018

Country

USA

Zip

33018

Country

USA

4. FEI Number

65-0755185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OLBETER, MICHAEL
 7372 BIG CYPRESS CT
 MIAMI FL 33014

*Please
 change
 Address*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete

NAME OLBETER, MICHAEL J
 STREET ADDRESS 7372 BIG CYPRESS CT
 CITY-ST-ZIP MIAMI FL 33014

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition

NAME MICHAEL OLBETER
 STREET ADDRESS 9028 NW 174 ST
 CITY-ST-ZIP MIAMI, FL 33018

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

A0071228

PHONE: 305.362.0150 OTHER: 305.362.9622 FAX: 305.362.9649 C/O TANIA
OLBETER