

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-07-2001 90017 021 ***150.00

DOCUMENT # P970Q0099505

1. Entity Name

OLYMPICA HOUSE, INC.

Principal Place of Business

Mailing Address

11755 SW 62 AVE
 MIAMI FL 33156

11755 SW 62 AVE
 MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

12515 N. KENDALL DR
 Suite, Apt. #, etc.
#314

12515 N. KENDALL DRIVE
 Suite, Apt. #, etc.
#314

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip
33186

Country
USA

Zip
33186

Country
USA

4. FEI Number **65-0796166**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GOLDEN, DONALD A
 11755 SW 62 AVE
 MIAMI FL 33156~~

Name **KENNETH M. HALLER**

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

12515 N. KENDAL DRIVE, SUITE 314

City **MIAMI**

FL

Zip Code **33186**

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 **KENNETH M. HALLER**

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

(NOTE: Registered Agent signature required when reconstituting)

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	P	<input type="checkbox"/> Delete
NAME	ZACHARAKIS, O	
STREET ADDRESS	555 NE 15TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
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		<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
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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)(l), 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

Zacharakis
Zacharakis

4/25/2001

Date

Daytime Phone #

5/30/2001

CR2E034 (10/00)