

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022050

1. Entity Name

OLYMPIA CAR CORP.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90363 006 \*\*\*150.00

Principal Place of Business

431 NW 79 ST  
MIAMI FL 33150

Mailing Address

431 NW 79 ST  
MIAMI FL 33150

E0039946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2175 NW 22 STREET

3. Mailing Address

2175 NW 22 st

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

MIAMI

City & State

FLORIDA

City & State

FLORIDA

4. FEI Number 65-0819671

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

33142

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANCHAU, ANA M  
3621 NE 168 ST  
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

City

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 date if applicable.

(NOTE: Registered Agent's 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	P	<input type="checkbox"/> Delete
NAME	ANCHAU, ANA M	
STREET ADDRESS	3621 NE 168 ST	
CITY-ST-ZIP	NO MIAMI BEACH FL 33160	
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
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
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 I am empowered.

SIGNATURE:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

ANNA MARIA ANCHAU

4/13/01 3055495411

Date

Daytime Phone #

CR2E034 (10/00)