

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91200 007 ***150.00

DOCUMENT # P98000080087**1. Entity Name**
OLA-CUBA, CORP.**Principal Place of Business****3593 S.W. 25TH TERRACE**
MIAMI FL 33133**Mailing Address****3593 S.W. 25TH TERRACE**
MIAMI FL 33133**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State**City & State****4. FEI Number 65-0861998****Applied For****Not Applicable****Zip****Country****Zip****Country****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fees Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ACOSTA, LAHDER O**
3593 S.W. 25TH TERRACE
MIAMI FL 33133**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, 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	S <input type="checkbox"/> Delete
NAME	ACOSTA, OMAR L
STREET ADDRESS	3593 S.W. 25TH TERRACE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	P <input type="checkbox"/> Delete
NAME	ACOSTA, LAHOER O
STREET ADDRESS	3593 S.W. 25TH TERRACE
CITY-ST-ZIP	MIAMI FL 33133
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 OF COURET**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR04/27/02 (305) 444-0296
Date Daytime Phone #

CR2E034 (9/01)