

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90016 028 ***150.00

DOCUMENT # P98000081109

1. Corporation Name
OLP MIAMI INC.

Principal Place of Business
801 N.E. 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33162

Mailing Address
801 N.E. 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1998

4. FEI Number

11-3472315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 60 Cutter Mill Rd
Suite, Apt. #, etc.

22 Suite 303
City & State

23 Great Neck NY
Zip Country

24 11021 25

2a. Mailing Address

26 60 Cutter Mill Rd
Suite, Apt. #, etc.

27 Suite 303
City & State

28 Great Neck NY
Zip Country

29 11021 30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name UNITED CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
9200 S DADELAND BLVD
83 STE 508
84 City MIAMI FL 85 Zip Code 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael A. Barr

Pres United Corporate Services Inc. 1/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
President	Gould, Matthew	60 Cutter Mill Rd	Great Neck NY 11021	<input type="checkbox"/>
Chairman	Gould, Fredric H.	60 Cutter Mill Rd	Great Neck NY 11021	<input type="checkbox"/>
Secretary	Lundy, Mark H.	60 Cutter Mill Rd	Great Neck NY 11021	<input type="checkbox"/>
Treasurer	Kobay, Seth	60 Cutter Mill Rd	Great Neck NY 11021	<input type="checkbox"/>
VPCFO	Kalish, David W	60 Cutter Mill Rd	Great Neck NY 11021	<input type="checkbox"/>
VP Financial	Dunleavy, Karen	60 Cutter Mill Rd	Great Neck NY 11021	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Dunleavy Karen Dunleavy

Date

2/9/99

Daytime Phone #

516-466-3100

CR2E034 (11/98)