

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90459 007 \*\*\*550.00

**DOCUMENT # P98000087432**

1. Entity Name

**ODAGA CORPORATION**

Principal Place of Business

Mailing Address

20024 NW 85 AVE  
 MIAMI FL 33015  
 US

20024 NW 85 AVE  
 MIAMI FL 33015-6933  
 US

2. Principal Place of Business

3. Mailing Address

20024 NW 85 AVE  
 Suite, Apt. #, etc.

20024 NW 85 AVE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33015

U.S.A

33015

U.S.A

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

GARCIA, IRMA  
 2004 N.W. 85TH AVENUE  
 MIAMI FL 33015

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, 2000 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 ☐ Delete  
 NAME PD  
 STREET ADDRESS GARCIA, ODALYS  
 CITY-ST-ZIP 20024 NW 85TH AVENUE  
 MIAMI FL 33015

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS GARCIA, IRMA  
 CITY-ST-ZIP 20024 NW 85TH AVE  
 MIAMI FL 33015

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 #

06-25/00 (305) 829-4641