

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90020 020 \*\*\*150.00

0410808

DOCUMENT # P99000004242

1. Entity Name

OKIN INVESTMENTS, INC.

Principal Place of Business  
4309 NORTH TAMiami TRAIL  
SARASOTA FL 34234

Mailing Address  
4309 NORTH TAMiami TRAIL  
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0887241

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

ACCOUNTING & TAX HELP, INC.  
OKIN INVESTMENTS  
4309 N TAMiami TRAIL  
SARASOTA FL 34234

Name

JADWIGA OKIENNICA

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

4309 N. TAMiami TRAIL

City

SARASOTA FL

FL

Zip Code

34234

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: JADWIGA OKIENNICA VICE PRES

Jadwiga Okienica

1-16-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	OKIENNICA, ROMAN	
STREET ADDRESS	4309 N TAMiami TR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OKIENNICA, JADWIGA	
STREET ADDRESS	4309 N TAMiami TR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: JADWIGA OKIENNICA VICE PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jadwiga Okienica

Date

Daytime Phone #

1-16-01

CP2E034 (10/00)