

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008181

1. Entity Name

O.L.P. GROUP, INCORPORATED

Principal Place of Business

8966 SW 87TH COURT
STE # 21
MIAMI FL 33176

Mailing Address

8966 SW 87TH COURT
STE # 21
MIAMI FL 33176

2. Principal Place of Business

8966 S.W 87th COURT

Suite, Apt. #, etc.

Ste # 21

City & State

Miami, FL

Zip

33176

Country

USA

3. Mailing Address

8966 SW 87th COURT

Suite, Apt. #, etc.

Ste # 21

City & State

Miami, FL

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0896817

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPLANTE, OLIVIA
2182 W. 60TH ST., #19202
HIALEAH FL 33016

7. Name and Address of New Registered Agent

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, 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 D
NAME LAPLANTE, OLIVIA
STREET ADDRESS 2182 W. 60TH ST., #19202
CITY-ST-ZIP HIALEAH FL 33016

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Olivia Laplante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (305) 270-1065

Date

Daytime Phone #

CR2E034 (10/00)