

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009047

1. Entity Name

OLFR INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90166 046 ***150.00

Principal Place of Business

2919 E. COMMERCIAL BLVD.,STE.A
FT.LAUDERDALE FL 33308

Mailing Address

2919 E. COMMERCIAL BLVD.,STE.A
FT.LAUDERDALE FL 33308-4207

2. Principal Place of Business

2800 E. Commercial Blvd
Suite, Apt. #, etc.
#208

3. Mailing Address

2800 E. Commercial Blvd
Suite, Apt. #, etc.
#208



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE

4. FEI Number

65-0894796

Applied For

Not Applicable

Zip

33308

Country

Zip

FL 33308

Country

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

KATZ, ALLEN H PA
2919 E. COMMERCIAL BLVD.,STE.A
FT.LAUDERDALE FL 33308

Name

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

2800 E. Commercial Blvd
#208

City

FT. LAUDERDALE

FL

Zip Code

33308

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	D	<input type="checkbox"/> Delete
NAME	FRIESEN, OLGA	
STREET ADDRESS	2919 E. COMMERCIAL BLVD.,STE.A	
CITY-ST-ZIP	FT.LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 E. Commercial Blvd #208	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.27.2000 954-561-4133

CR2E034 (9/99)