

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/00 00000 010 0150 00 0150 00

DOCUMENT # P99000056946

1. Entity Name

OLYMPIA AVENUE CORPORATION

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-19-2000 90083 048 ***150.00

Principal Place of Business Mailing Address
370 MINORCA AVENUE 370 MINORCA AVENUE
SUITE 15 SUITE 15
CORAL GABLES FL 33134 CORAL GABLES FL 33134-4311

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number Applied For
☒ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
BUSTO, MERCEDES
370 MINORCA AVENUE
SUITE 15
CORAL GABLES FL 33134

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 (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

TITLE	PRES., TREAS. + DIRECTOR	<input type="checkbox"/> Delete
NAME	WILLIAM G. JENNINGS III	
STREET ADDRESS	370 MINORCA AVE., SUITE 15	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP, SEC. + DIRECTOR	<input type="checkbox"/> Delete
NAME	MERCEDES BUSTO	
STREET ADDRESS	370 MINORCA AVE., SUITE 15	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

4/28/00 Date

Daytime Phone #

CR2E034 (9/99)