

2001 UNIFORM BUSINESS REPORT (UBR)

192

FILED

01 SEP 27 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000090865**
1. Entity Name
Oves AC & Restaurant Equipment Inc.

Principal Place of Business Mailing Address
**1940 NW 21 Terr.
Miami, FL 33142**

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

2000-2001 UBR

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**Juan Claudio Oves
1940 NW 21 Terr.
Miami, FL 33142**

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 Juan Claudio Oves DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	
CITY-ST-ZIP	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: Juan Claudio Oves Date Daytime Phone #

CR2E034 (11/00)

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Oves AC & Restaurant Equipment INC
DOC.# 99000090865

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


Juan claudio oves
PRESIDENT