

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000100230**1. Entity Name  
**OBERA, INC.****FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90234 046 \*\*\*550.00

Principal Place of Business  
**125 WOODCREST LANE  
KEY BISCAYNE FL 33149**Mailing Address  
**125 WOODCREST LANE  
KEY BISCAYNE FL 33149****A0076255**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**705 Curt'swood dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
**Key Biscayne**

4. FEI Number

**65-0960564**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33149****USA**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

**CALVO, LIZABETH F  
328 CRANDON BLVD.  
SUITE 226  
KEY BISCAYNE FL 33149**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D CAMPANA, AMANDA LEONOR 125 WOODCREST LANE KEY BISCAYNE FL 33149</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-1-00****305-361****1720**

CR2E034 (5/00)