

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83895

1. Entity Name

OVALLE & ASSOCIATES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90041 030 ***150.00

Principal Place of Business

9960 N.W. 116 WAY
SUITE 13
MIAMI FL 33178

Mailing Address

P.O. BOX 590563
MIAMI FL 33159
US

2. Principal Place of Business

8360 N.W. 74 Ave.

3. Mailing Address

P.O. Box 590 563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33166

City & State

Miami, FL 33159

4. FEI Number

65-0285642

Applied For

Not Applicable

Zip

33166

Country

Dade

Zip

33159

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRACKE, PEDRO G
1213 S.W. 177 TERRACE
PEMBROKE PINES FL 33029

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 P ☐ Delete
NAME OVALLE-STRACKE, MARIA ELENA
STREET ADDRESS 13267 S.W. 9TH LANE
CITY-ST-ZIP MIAMI FL

TITLE V ☐ Delete
NAME STRACKE, PEDRO
STREET ADDRESS 13267 S.W. 9TH LANE
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete
NAME STRACKE, ALFRED P
STREET ADDRESS 13267 SW 9TH LANE
CITY-ST-ZIP MIAMI FL 33184

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition:
NAME OVALLE-STRACKE, MARIA ELENA
STREET ADDRESS 1213 S.W. 177 Terrace
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE V ☒ Change ☐ Addition:
NAME STRACKE, PEDRO G.
STREET ADDRESS 1213 S.W. 177 Terrace
CITY-ST-ZIP pembroke Pines, FL 33029

TITLE S ☒ Change ☐ Addition:
NAME STRACKE, ALFRED P
STREET ADDRESS 1213 S.W. 177 Terrace
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE Director ☐ Change ☒ Addition:
NAME STRACKE, EDWIN G.
STREET ADDRESS 1213 S.W. 177 Terrace
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE ☐ Change ☐ Addition:
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Maria Elena Ovalle-Stracke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-863-0039

CR2E034 (10/00)