

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**  
 05-26-2000 90104 043 \*\*\*150.00

DOCUMENT # **S 96919**  
 1. Entity Name  
**Antiguo Fence, Inc.**

Principal Place of Business Mailing Address  
**1044 E. 29th Street**  
**Hialeah, FL 33013**

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

4. FEI Number **65-0299613** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Olivera, Felix J**  
**18243 S.W. 149th Street**  
**Miami, FL 33187**

7. Name and Address of New Registered Agent  
 Name **Olivera, Felix Sr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4298 W. 7th Lane**  
 City **Hialeah** FL Zip Code **33010**

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  **Olivera, Felix Sr.** **4/28/2000**  
 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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>PVTD</b>		<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Olivera, Felix J</b>		<b>Olivera, Felix Sr.</b>	
<b>18243 S.W. 149th St</b>		<b>4298 W. 7th Lane</b>	
<b>Miami FL 33187</b>		<b>Hialeah, FL 33010</b>	
<b>3D</b>	<input type="checkbox"/> Delete		
<b>Olivera, Felix Sr.</b>			
<b>4298 W. 7th Lane</b>			
<b>Hialeah, FL 33013</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Olivera, Felix Sr.** **4/28/2000** **(305) 894-4434**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)