

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90127 002 \*\*\*150.00

DOCUMENT # V32817 ✓  
1. Entity Name

OLA COMPUTERS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3960 NW 7th St. 3. Mailing Address 3960 NW 7th St

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

Miami

City & State

Miami F

Zip

33126

Country

Zip

33126

Country

4. FEI Number

65-0332455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Julie M Diaz

Street Address (P.O. Box Number is Not Acceptable)

434 SW 24th Rd.

City

Miami

FL

Zip Code

33129

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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 SD  
NAME DIAZ, JULIE M  
STREET ADDRESS 434 SW 24th Road  
CITY-ST-ZIP Miami, FL, 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME HIRAM DIAZ, HIRAM  
STREET ADDRESS 434 SW 24th Road  
CITY-ST-ZIP Miami, FL, 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME DIAZ, HIRAM F  
STREET ADDRESS 434 SW 3960 NW 7th St  
CITY-ST-ZIP Miami, FL, 33126

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

305 759 7845

Daytime Phone #

CR2E034B (12/01)