

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90283 012 \*\*\*158.75

**DOCUMENT**

1. Entity Name

V-37367  
**OLGA'S CERAMICS CORPORATION**

Principal Place of Business

Mailing Address

14734 SW 56 St  
 Miami FL 33185

**SAME**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0393455**

Applied For

Not Applicable

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

**MARISOL DIAZ**

Name **MARISOL DIAZ**

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

**14920 SW 82 LN APT 207**

City **MIAMI FL**

Zip Code **33193**

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 re-registering)

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          | <b>PD</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SANCHEZ, OLGA</b>        |  |
| STREET ADDRESS | <b>15765 SW 76TH TERR.</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33193</b>       |  |
| TITLE          | <b>VD</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SANCHEZ, ROBERTO</b>     |  |
| STREET ADDRESS | <b>15765 SW 76TH TERR.,</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33193</b>       |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | <b>PD</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARISOL DIAZ</b>   |  |
| STREET ADDRESS | <b>14920 SW 82 LN</b> | <b>4-18-00</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL 33193</b> | <b>APT 207</b>   |
| TITLE          | <b>VD</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>GIL ORTEGA</b>     |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (305) 382-9311  
 Daytime Phone