

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91078 001 ****50.00
 03-29-2002 91078 002 ****50.00
 03-29-2002 91078 003 ****50.00

**2002 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 26052
 1. Entity Name
AMIGOS ENTERPRISES OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5801 DAHLIA DR.
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 574927
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO, FL

Zip
32807 Country
USA

Zip
32857 Country
USA

4. FEI Number
59-2975048

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
NEGRON, ISRAEL

Street Address (P.O. Box Number is Not Acceptable)
5801 DAHLIA DRIVE

City
ORLANDO FL Zip Code
32807

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PD NEGRON, ISRAEL 5801 DAHLIA DRIVE ORLANDO, FL 32807</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VPD EVARISTO SOTO, JR. 1333 BOWENS DRIVE ORLANDO, FL 32822</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SD GOMEZ, LUIS F. 1500 S. SEMORAN BLVD. ORLANDO, FL 32807</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] EVARISTO SOTO, JR - VP - 3/14/02 (407) 277-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)