

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90081 013 \*\*\*150.00

**DOCUMENT # P93000088754**

1. Entity Name

**AMPUERO ENTERPRISES, INC.**

Principal Place of Business

9688 S.W. 24 ST.  
 ATTN: R. VALDES'  
 MIAMI FL 33165  
 US

Mailing Address

9688 SW 24TH ST  
 ATTN: R. VALDES  
 MIAMI FL 33165-8015  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0465362**

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

**MARGUEZ, JOSE M  
 782 NW LEJUENE RD  
 SUITE 548  
 MIAMI FL 33126**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, DANIEL R	NAME	
STREET ADDRESS	9755 S.W. 62ND ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, MANUEL A	NAME	
STREET ADDRESS	8460 SW 5TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, JOSE A	NAME	
STREET ADDRESS	8455 GRAND CANAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, JORGE	NAME	
STREET ADDRESS	8440 S.W. 58 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: R. VALDES SIGNATURE REQUIRED FOR VALDES

01/20/2000

(305) 221 8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)