

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049255

1. Entity Name

AMPA ENTERPRISES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90012 033 ***158.75

Principal Place of Business

Mailing Address

4933 SANDLAKE ROAD
 ORLANDO FL 32819

4933 SANDLAKE ROAD
 ORLANDO FL 32819-9527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3382476

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DOMINCUEZ-BUSANEE~~
 4208 BIG VALLEY BLVD.
 KISSIMMEE FL 34746

Name **FLORA O. AMPA**

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

4656 MIDDLEBROOK RD # F

City **ORLANDO**

FL

Zip Code **32811**

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 , **FLORA O. AMPA**

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 **P** Delete
 NAME **AMPA, SUCHITRA**
 STREET ADDRESS **6111 LOST TREE CT.**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **PRESIDENT** Change Addition
 NAME **EDWIN AMPA**
 STREET ADDRESS **1409 S. KIRKMAN RD APT. 3035**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **VP** Delete
 NAME **AMPA, EDWIN F.**
 STREET ADDRESS **4208 BIG VALLEY BLVD.**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **CEO** Change Addition
 NAME **JOHN AMPA**
 STREET ADDRESS **4656 MIDDLEBROOK RD # F**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **ST** Delete
 NAME **AMPA, NORAMINDA**
 STREET ADDRESS **4208 BIG VALLEY BLVD..**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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)(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: **EDWIN AMPA** 4-13-00 (407)351-9022
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)