

2000 UNIFORM BUSINESS REPORT (UBR)

0035332

DOCUMENT # N99000004105

1. Entity Name

CALLE OCHO CELEBRITY WALK OF FAME, INC.

FILED

00 OCT 12 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1331 S.W. 93RD CT.
MIAMI FL 33174

1331 S.W. 93RD CT.
MIAMI FL 33174-3007

2. Principal Place of Business

3. Mailing Address

4343 W. Flagler Str.
Suite, Apt. #, etc.
203

4343 W. Flagler Str.
Suite, Apt. #, etc.
203



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

65-0926778

Applied For

Not Applicable

Zip

Country

Zip

Country

33134 Dade

Dade

33134 Dade

Dade

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

VALENCIA, AMPARO C
1331 S.W. 93RD CT.
MIAMI FL 33174

Name

Amparo C. Navarro

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

1331 S.W. 93rd

City

Miami

FL

Zip Code

33174

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

Amparo C. Navarro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PST
NAME NAVARRO, AMPARO C
STREET ADDRESS 1331 S.W. 93RD CT.
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE V
NAME GIRALDO, JAIRO A
STREET ADDRESS 1331 S.W. 93RD CT.
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amparo C. Navarro 5/1/00 (305) 389-6657

CR2E037 (9/99)