

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



DO NOT WRITE IN THIS SPACE

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 4343 W. Flagler Str. Suite, Apt. #, etc. 203	3. Mailing Address 4343 W. Flagler Str. Suite, Apt. #, etc. 203
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City & State Miami, Fl.	City & State Miami, Fl.	4. FEI Number 65-0926778	Applied For Not Applicable
Zip 33134	Country Dade.	Zip 33134	Country Dade.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Amparo C. Navarro
Street Address (P.O. Box Number is Not Acceptable): 1331 S.W. 93rd Ct
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 DATE: 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NAVARRO, AMPARO C 1331 S.W. 93RD CT. MIAMI FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIRALDO, JAIRO A 1331 S.W. 93RD CT. MIAMI FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Omaira Londono 807 S N.W. 7 Str. Apt # 417 Miami, Fl. 33 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Omaira Londono 807 S N.W. 7 Str. Apt 417 Miami, Fl. 33
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003436235-5 -10/24/00-01021-014 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Amparo C. Navarro DATE: 5/1/00 (305) 389-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)