

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004105

1. Entity Name

CALLE OCHO CELEBRITY WALK OF FAME, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 30 PM 2: 32

Principal Place of Business

Mailing Address

4343 W. FLAGLER STREET  
#203  
MIAMI FL 33134

4343 W. FLAGLER STREET  
#203  
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 65-0926778

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required SP

6. Name and Address of Current Registered Agent

NAVARRO, 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)  
4343 W. Flagler Jr. Suite 203  
City Miami FL Zip Code 33134

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

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 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	D LONDONO, OMAIRA 8075 N.W. 7TH STREET, APT. 417 MIAMI FL	<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	PSTD Amparo C. Navarro 4343 W. Flagler Str. Suite 203 Miami, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jairo A. Giraldo 4343 W. Flagler Str. Suite 203 Miami, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Omaira Londono 4343 W. Flagler Str. Suite 203 Miami, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004662824-0 -11/01/01--01050--029 ****236.25 ****236.25	<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

SIGNATURE REQUIRED

10/29/01

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CR2E037 (5/01)