

**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 **01**

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 *Amparo C. Navarro*      DATE **10/1/01**  
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**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>NAVARRO, AMPARO C<br/>1331 S.W. 93RD CT.<br/>MIAMI FL 33174</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GIRALDO, JAIRO A<br/>1331 S.W. 93RD CT.<br/>MIAMI FL 33174</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LONDONO, OMAIRA<br/>8075 N.W. 7TH STREET, APT. 417<br/>MIAMI FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>Amparo C. Navarro<br/>4343 W. Flagler Str. Suite 203<br/>Miami, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>Jairo A. Giraldo<br/>4343 W. Flagler Str. Suite 203<br/>Miami, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Omaira Londono<br/>4343 W. Flagler Str. Suite 203<br/>Miami, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>400004662824-0</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>-11/01/01--01050--029</b><br><b>****236.25 ****236.25</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 **10/29/01**

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CFR2037 (5/01)