

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-03-2001 90066 025 ***150.00

DOCUMENT # P00000017566

1. Entity Name
OCAPCO, INC.

Principal Place of Business
639 VELARDE AVENUE
CORAL GABLES FL 33134

Mailing Address
639 VELARDE AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEL PORTILLO, ZONIA L
639 VELARDE AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 mla (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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEL PORTILLO, ALONSO 639 VELARDE AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL PORTILLO, ZONIA L 639 VELARDE AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alonso del Portillo **Alonso del Portillo** 1-24-01 305 446 5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: 6-2-01

0716 33151

Tele-Tin Number: 770-455-2360

Fax Number: 678-530-6156

Alonso Del Portillo

639 Velarde Ave

Coral Gables, FL 33134

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, Vice President, other principal officer or member of LLC.
 - B. Partnership - General partner or member of LLC.
 - C. Trust - Grantor/Trustor (if Grantor is deceased, need SSN of Trustee as well).
 - D. Estate - Decedent on line 8a.
 - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
 - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
 - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date business started or acquired.
 - B. Partnership - Date partnership agreement went into effect.
 - C. Trust - Date trust was created or funded.
 - D. Estate - Date of death of the decedent.
 - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Disregarded Entity Sole Proprietor, or Disregarded Entity Corporation. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. (over)

Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>O.CAPCO, Inc.; a Florida corporation</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <u>c/o Alonso del Portillo</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>639 Velarde Ave</u>	5a Business address (if different from address on lines 4a and 4b) <u>639 Velarde Ave</u>
	4b City, state, and ZIP code <u>Coral Gables, FL 33134</u>	5b City, state, and ZIP code <u>Coral Gables FL 33134</u>
	6 County and state where principal business is located <u>Miami-Dade, Florida</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <u>265-72-3269</u> <u>Alonso del Portillo</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☒ Sole proprietor (SSN) 265-72-3269
☐ Estate (SSN of decedent) _____
- ☐ Partnership
 ☐ Personal service corp.
 ☐ Plan administrator (SSN) _____
- ☐ REMIC
 ☐ National Guard
 ☐ Other corporation (specify) ► _____
- ☐ State/local government
 ☐ Farmers' cooperative
 ☐ Trust
- ☐ Church or church-controlled organization
 ☐ Federal government/military
- ☐ Other nonprofit organization (specify) ► _____ (enter GEN if applicable)
- ☐ Other (specify) ► _____

 8b If a corporation, name the state or foreign country (if applicable) where incorporated State Florida Foreign country N/A

- 9 Reason for applying (Check only one box.) (see instructions)
 ☐ Banking purpose (specify purpose) ► _____
- ☒ Started new business (specify type) Construction - houses/residential
☐ Changed type of organization (specify new type) ► _____
- ☐ Purchased going business
 ☐ Created a trust (specify type) ► _____
- ☐ Hired employees (Check this box and see line 12.)
 ☐ Created a pension plan (specify type) ► _____
- ☐ Other (specify) ► _____

 10 Date business started or acquired (month, day, year) (see instructions) 3/2000
 11 Closing month of accounting year (see instructions) 12-31

 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

14 Principal activity (see instructions) ►

 15 Is the principal business activity manufacturing? General contracting ☒ Yes ☐ No
 If "Yes," principal product and raw material used ► Construction material

 16 To whom are most of the products or services sold? Please check one box.
 ☐ Business (wholesale)
 ☐ Public (retail)
 ☐ Other (specify) ► _____

 17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
 Note: If "Yes," please complete lines 17b and 17c.

 17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
 Legal name ► Alonso del Portillo Trade name ► same

 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year) 1990 (?) City and state where filed Miami, Florida Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Alonso del Portillo

Business telephone number (include area code)

(305) 446 5183

Fax telephone number (include area code)

(305) 446 5183

Name and title (Please type or print clearly.)

Signature ► Alonso del PortilloDate ► 5/18/01

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000007533 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)541-3694
Fax Number : (305)541-3770

00 FEB 18 AM 10:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

OCAPCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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(1)

ARTICLES OF INCORPORATION
OF
OCAPCO, INC.

The undersigned incorporator hereby adopts these Articles of Incorporation for the formation of a corporation under Florida General Corporation Act.

ARTICLE I

NAME

The name of this corporation is OCAPCO, INC.

ARTICLE II

DURATION

The duration of the corporation shall be perpetual.

ARTICLE III

INCORPORATION

The existence of the corporation shall commence as of the time of the filing of these Articles of Incorporation with the Secretary of the State of Florida.

ARTICLE IV

PURPOSES

The general purpose for which the corporation is initially organized is:

1. To engage in such lawful business for which corporations may be incorporated under the Florida General Corporation Act.

This Instrument was prepared by:
Manuel M. Arvesu, P.A. - Florida Bar No. 525294
2121 Ponce de Leon Boulevard, Suite 920
Coral Gables, Florida 33134

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00 FEB 18 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VAUTHORIZED SHARES

The aggregate number of shares of stock that this corporation is authorized to have outstanding at any one time is six hundred (600) shares of common stock each no par value.

ARTICLE VIINDEMNIFICATION OF DIRECTORS,
OFFICERS AND OTHER AUTHORIZED REPRESENTATIVES

Section 1. Indemnification in Accordance with Bylaws. The Corporation shall indemnify its officers, Directors, employees and agents against liabilities, damages, settlements and expenses (including attorneys' fees) incurred in connection with the Corporation's affairs, and shall advance such expenses to any such officers, directors, employees and agents, to the full extent permitted by law, and as more particularly set forth in the Corporation's Bylaws. Such indemnification provisions of the Corporation's Bylaws may be enacted and modified from time to time by resolution of the Corporation's Board of Directors.

Section 2. Effect of Modification. Any repeal or modification of any provision of this Article by the shareholders of the Corporation shall not adversely affect any right to protection of a Director, officer, employee or agent of the Corporation existing at the time of the such repeal or modification.

Section 3. Liability Insurance. The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a Director, officer, employee or agent of the Corporation or is or was serving at the request of the Corporation as a Director, officer,

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employee or agent to another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him and incurred by him in any such capacity or arising out of his status as such, whether or not the Corporation would have the power to indemnify him against liability under the provision of this Article.

Section 4. No Rights of Subrogation. Indemnification hereunder and under the Bylaws shall be a personal right and the Corporation shall have no liability under this Article to any insurer or any person, corporation, partnership, association, trust or other entity (other than the heirs, executors or administrators of such person) by reason of subrogation, assignment or succession by any other means to the claim of any person to indemnification hereunder or under the Corporation's Bylaws.

ARTICLE VII

REGISTERED OFFICE AND AGENT

The initial street address of the registered office of this corporation in the State of Florida is 639 Velarde Avenue, Coral Gables, Florida 33134

The name of the initial registered agent at such address is Zonia L. Del Portillo.,

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two (2) members. The initial Director and their addresses are:

<u>NAME</u>	<u>ADDRESS</u>
Alonso Del Portillo, President	639 Velarde Avenue Coral Gables, Florida 33134
Zonia L. Del Portillo, Secretary	639 Velarde Avenue

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Coral Gables, Florida 33134

ARTICLE IX
INCORPORATOR

The name and street address of the incorporator is:

NAME

ADDRESS

Zonia L. Del Portillo, Secretary

639 Velarde Avenue
Coral Gables, Florida 33134

ARTICLE X
MAILING ADDRESS

The initial mailing address of the Corporation shall be:

639 Velarde Avenue
Coral Gables, Florida 33134

IN WITNESS WHEREOF, the undersigned has executed these Articles of
Incorporation this 16th day of February, 2000.

Zonia L. Del Portillo

Zonia L. Del Portillo
Incorporator

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CERTIFICATE OF DESIGNATION**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the State Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is:
OCAPCO, INC.
2. The name and address of the Registered Agent and Office is:

Zonia L. Del Portillo, Secretary
639 Velarde Avenue
Coral Gables, Florida 33134

FILED
00 FEB 18 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Zonia L. Del Portillo
Zonia L. Del Portillo

Date February 16, 2000

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Zonia L. Del Portillo
Zonia L. Del Portillo

Date February 16, 2000

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

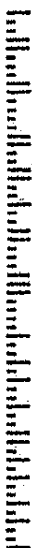
Corporate Records

P.O. Box 6327
Tallahassee, Florida 32314



Rec'd 5/17/01

33134X7044 04



OCAPCO, INC.
639 Velarde Avenue
Coral Gables, Florida 33134

June 13, 2001

Florida Department of State
Division of Corporations
P. O.Box 6327
Tallahassee, Florida 32314
ANNUAL REPORTS SECTION

Re: OCAPCO, INC. - Reference P00000017566

Gentlemen:

Despite our diligent efforts in trying to obtain a FEIN from IRS, we have not succeeded as yet in that they required additional information, which as of this writing has been furnished.

Upon calling your office, you have indicated that we shall send you the attached correspondence and upon receipt of the same, to forward it so that the annual report may be filed without penalty.

Should anything further be needed, you may either reach us by telephone (305-446-5183) or by mail. Thank you for your attention to the above.

Sincerely yours,



Zonia L. del Portillo
Registered Agent for OCAPCO, INC.