(2003) **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91796 015 ***150.00

DOCUMENT # P00000023857

Entity Name

CAMPOS ENTERPRISES, INC.

00111609

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Principal Place of Business		3. Mailing Address	
4830 NW 108TH PLACE		4830 NW 108TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL,		City & State: MIAMI FL,	
Zip: 33178	Country: USA	Zip: 33178	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0995212 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: MONICA PEREIRA CAMPOS

Street Address (P.O. Box Number is Not Acceptable): 4830 NW 108TH PLACE

City: MIAMI FL Zip Code: 33178

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	JULIO CAMPOS	NAME	
STREET ADDRESS	4830 NW 108TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL, 33178	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	MONICA PEREIRA CAMPOS	NAME	
STREET ADDRESS	4830 NW 198TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL, 33178	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julio Campos 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #