

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90055 036 \*\*\*150.00

**DOCUMENT # P00000117673**

1. Entity Name

**OCAMPO LAMPS INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

**2630 ARRON CT  
 KISSIMMEE FL 34744**

**2630 ARRON CT  
 KISSIMMEE FL 34744**

2. Principal Place of Business

**2023 Wallys Terr**  
 Suite, Apt. #, etc.

3. Mailing Address

**1342 E. Vine Street**  
 Suite, Apt. #, etc.  
**Suite 420**



DO NOT WRITE IN THIS SPACE

City & State

**Kissimmee, FL**

City & State

**Kissimmee, FL**

4. FEI Number

**59-3711976**

Applied For

Not Applicable

Zip

**34741**

Country

**U.S.A.**

Zip

**34744**

Country

**U.S.A.**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUIRRE, LYDA  
 7733 TOUCAN DR  
 ORLANDO FL 32822-7651**

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

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) ☐

**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          | DP                 | <input type="checkbox"/> Delete |
| NAME           | OCAMPO, ANA        |                                 |
| STREET ADDRESS | 2630 ARRON CT      |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34744 |                                 |
| TITLE          | DV                 | <input type="checkbox"/> Delete |
| NAME           | ROJAS, JAMES       |                                 |
| STREET ADDRESS | 2630 ARRON CT      |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34744 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | DP                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | OCAMPO, ANA        |  |
| STREET ADDRESS | 2023 WALLYS TERR   |  |
| CITY-ST-ZIP    | KISSIMMEE FL 34744 |  |
| TITLE          | DV                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROJAS, JAMES       |  |
| STREET ADDRESS | 2023 WALLYS TERR   |  |
| CITY-ST-ZIP    | KISSIMMEE FL 34744 |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

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: Ana B. Ocampo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-30-2001 (321)6970545**

Date

Daytime Phone #

CR2E034 (10/00)