

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2002 8:00 am Secretary of State

05-08-2002 90089 010 ***150.00

DOCUMENT # **P01000047208**

1. Entity Name
CALLE OCHO HOLDINGS, INC.

Principal Place of Business 25 SE 2ND AVE SUITE 730 MIAMI FL 33131	Mailing Address 25 SE 2ND AVE SUITE 730 MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAYSON, MOISES T
25 SE 2ND AVE SUITE 730
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name: **FELIPE A. VALLS, JR**
 Street Address (P.O. Box Number is Not Acceptable):
3663 S.W. 8th ST, THIRD FLOOR
 City: **MIAMI** FL Zip Code: **33135**

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]* **FELIPE A. VALLS, JR, PRESIDENT**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		<input type="checkbox"/> Delete
TITLE D	NAME GRAYSON, MOISES	<input type="checkbox"/>
STREET ADDRESS 25 SE 2ND AVE SUITE 730		
CITY-ST-ZIP MIAMI FL 33131		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE PRESIDENT/DIRECTOR	NAME VALLS JR, FELIPE A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 3663 S.W. 8th ST THIRD FLOOR			
CITY-ST-ZIP MIAMI, FL 33135			
TITLE SECRETARY/DIRECTOR	NAME TORRES DE NAVARRA, CARLOS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS 3663 S.W. 8th ST, THIRD FLOOR			
CITY-ST-ZIP MIAMI, FL 33135			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SECRETARY CARLOS TORRES DE NAVARRA** **4/22/02**

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

(305) 446-9916