

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0006371 AT

DOCUMENT # P02000131300

1. Entity Name

ADRIAN-OCHOA ENTERPRISES, INC.



Principal Place of Business

2460 SW 137TH AVE., SUITE 238  
MIAMI FL 33175

Mailing Address

2460 SW 137TH AVE., SUITE 238  
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A&P REGISTERED AGENT, INC.  
2450 SW 137TH AVE., SUITE 221  
MIAMI FL 33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME ADRIAN, ALVARO  
STREET ADDRESS 2460 SW 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000018450720  
05/07/03--01049--004 \*\*150.00 ☐ Change ☐ Addition

TITLE VSD  
NAME OCHOA, CARMEN  
STREET ADDRESS 2460 SW 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE P D  
NAME OCHOA, Carmen L.  
STREET ADDRESS 2460 SW 137 Ave, Ste 238  
CITY-ST-ZIP Miami, FL 33175 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V P D  
NAME Ochoa, Osvado  
STREET ADDRESS 2460 SW 137 Ave, Ste 238  
CITY-ST-ZIP Miami, FL 33175 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE T D  
NAME Adrian, Adria  
STREET ADDRESS 2460 SW 137 Ave, Ste 238  
CITY-ST-ZIP Miami, FL 33175 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE S D  
NAME Almeida, Adria Maria Adrian  
STREET ADDRESS 2460 SW 137 Ave, Ste 238  
CITY-ST-ZIP Miami, FL 33175 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 (307) 224-1515

CR2E034 (10/02)