

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90134 004 ***550.00

DOCUMENT # P94000046449

1. Entity Name
GILBERTO E. OCAMPO, P.A.



Principal Place of Business
**800 PARADISE AVE
CORAL GABLES FL 33146
US**

Mailing Address
**800 PARADISE AVE
CORAL GABLES FL 33146
US**



2. Principal Place of Business

575 CRANDON BLVD

Suite, Apt. #, etc.

309

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Address

575 CRANDON BLVD

Suite, Apt. #, etc.

309

City & State

Key Biscayne, FL

Zip

33149

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0500730**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OCAMPO, GILBERTO E
800 PARADISE AVE
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

Gilberto Ocampo

Street Address (P.O. Box Number is Not Acceptable)

575 CRANDON BLVD # 309

City

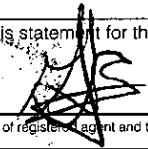
Key Biscayne

FL

Zip Code

33149

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

7/22/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **OCAMPO, GILBERTO E**
CITY-ST-ZIP **800 PARADISO AVE
CORAL GABLES FL 33146**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

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 REQUIRED  **OCampo**

7/22/03

305-365-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)