

04-04-2001 90496 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000038378

1. Entity Name

OCEJO INVESTMENT, INC.



Principal Place of Business: 625 E. 4TH AVENUE, HIALEAH FLORIDA. 33014
 Mailing Address: 7625 E. 4TH AVENUE, HIALEAH FLORIDA. 33014

A0042812

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Street, Apt. #, etc.		Street, Apt. #, etc.		65-0667201		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LAZARO OCEJO 7625 EAST 4TH AVENUE MIAMI FLORIDA. 33014				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 of the individual owner of registered agent, the stockholder, or the Registered Agent signature required when it is a corporation. DATE:

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
OFF	D/P/IT LAZARO OCEJO <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	7625 EAST 4TH AVENUE		NAME		
STREET ADDRESS	HIALEAH FLORIDA. 33014		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
OFF	D/V/S TERESITA OCEJO <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	7625 EAST 4TH AVENUE		NAME		
STREET ADDRESS	HIALEAH FLORIDA. 33014		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
OFF	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
OFF	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
OFF	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. The entity certifies 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 contained 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 as manager, or as an authorized individual with an address, with all other full-time employees.

SIGNATURE: *Teresita Ocejo* PRESIDENT 03/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR