

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049255

1. Entity Name

AMPA ENTERPRISES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90012 033 ***158.75

Principal Place of Business

Mailing Address

4933 SANDLAKE ROAD
ORLANDO FL 32819

4933 SANDLAKE ROAD
ORLANDO FL 32819-9527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3382476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

FLORA O. AMPA

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

4656 MIDDLEBROOK RD # F

City

ORLANDO

FL

Zip Code

32811

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]

, FLORA O. AMPA

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, 2000 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 **P** ☒ Delete
NAME **AMPA, SUCHITRA**
STREET ADDRESS **6111 LOST TREE CT.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VP** ☐ Delete
NAME **AMPA, EDWIN F.**
STREET ADDRESS **4208 BIG VALLEY BLVD.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **ST** ☒ Delete
NAME **AMPA, NORAMINDA**
STREET ADDRESS **4208 BIG VALLEY BLVD..**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **EDWIN AMPA**
STREET ADDRESS **1409 S. KIRKMAN RD APT. 8035**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **CEO** ☐ Change ☒ Addition
NAME **JOHN AMPA**
STREET ADDRESS **4656 MIDDLEBROOK RD # F**
CITY-ST-ZIP **ORLANDO, FL 32811**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

[Signature] EDWIN AMPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00
Date

(407)351-9022
Daytime Phone #

CR2E034 (9/99)