

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 16, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000069676**

1. Entity Name

OCTUBRE HOLDINGS, INC.

Principal Place of Business

1924 33RD STREET

ORLANDO  
32839

FL

Mailing Address

4414 DOWN PT LN

WINTERMERE  
34786

US

FL

2. Principal Place of Business

4414 DOWN POINT LANE

3. Mailing Address

4414 DOWN PT LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

WINTERMERE

FL

City &amp; State

WINTERMERE

FL

4. FEI Number

59-3464926

Applied For

Not Applicable

Zip

34786

Country

US

Zip

34786

Country

US

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent**

HUMPHRIES J GREGORY

20 N ORANGE AVE

SUITE 1000

ORLANDO

328014626

FL

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

02/16/2000

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	POZO CHRISTINE	
STREET ADDRESS	1924 33RD STREET	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	D	<input type="checkbox"/> Delete
NAME	POZO JOSEPH JOHN	
STREET ADDRESS	1924 33RD STREET	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZO CHRISTINE	
STREET ADDRESS	2202 33RD STREET	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZO JOSEPH JOHN	
STREET ADDRESS	2202 33RD STREET	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JOE G POZO JR

D

02/16/2000