

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054588

1. Entity Name

OCHOA & LEVY CORP.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90057 010 ***150.00

Principal Place of Business

Mailing Address

11626 S.W. 88TH ST.
MIAMI FL 33176

11626 S.W. 88TH ST.
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

6448 NW 186th St
Suite, Apt. #, etc.

6448 NW 186th St
Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33015

USA

Zip

Country

33015

USA

4. FEI Number

65-0845172

Applied For

Not Applicable

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

OCHOA, JORGE L ;
4862 S.W. 147TH COURT
MIAMI FL 33185

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 use 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 PD ☐ Delete
NAME OCHOA, JORGE L
STREET ADDRESS 4862 S.W. 147TH COURT
CITY-ST-ZIP MIAMI FL 33185

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

TITLE VD ☒ Delete
NAME LEVY, ELIAS
STREET ADDRESS 8004 N.W. 154TH ST #102
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)