

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081374

1. Entity Name

AMPO ENTERPRISES, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90133 046 \*\*\*150.00

Principal Place of Business

Mailing Address

2931 EL BONITO  
MARGATE FL 33063  
US

2931 EL BONITO  
MARGATE FL 33063-5809  
US

2. Principal Place of Business

3. Mailing Address

4651 NW 22 ST

4651 NW 22 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

COCONUT CREEK FL

City & State

COCONUT CREEK FL

4. FEI Number

65-0855972

Applied For

Not Applicable

Zip

33063

Country

U.S.

Zip

33063

Country

U.S.

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

NOONAN, MICHAEL  
2931 EL BONITO  
MARGATE FL 33063

Name

NOONAN, MICHAEL

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

4651 NW 22 ST

City

COCONUT CREEK

FL

Zip Code

33063

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

Michael Noonan

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

(NOTE: Registered Agent signature required when reinstating)

4/14/00

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 PS ☒ Delete  
NAME NOONAN, MICHAEL  
STREET ADDRESS 2931 EL BONITO  
CITY-ST-ZIP MARGATE FL 33063

TITLE PSVT ☒ Change ☐ Addition  
NAME NOONAN, MICHAEL  
STREET ADDRESS 4651 NW 22 ST  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE VT ☒ Delete  
NAME LIBERATORE, PAUL  
STREET ADDRESS 8121 SW 3RD PL  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Michael Noonan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/00

Daytime Phone #

954-263-6035

CR2E034 (9/99)