

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90160 013 ***150.00

DOCUMENT # P98000086302

1. Entity Name

O. C. R. ENTERPRISES CORP.

Principal Place of Business

7411 SW 67TH AVE
 MIAMI FL 33143

Mailing Address

7411 SW 67TH AVE
 MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6440 N.W. 114 AVE

3. Mailing Address

6440 N.W. 114 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

401

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33178

U.S.A.

33178

U.S.A.

4. FEI Number

65-0872462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARIDAD, ORLANDO G
 7411 SW 67TH AVE
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name Orlando Caridad

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

6440 N.W. 114 AVE apt. 401

City Miami

FL

33178

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.

ORLANDO G. CARIDAD

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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, 2002 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	CARIDAD, ORLANDO G	
STREET ADDRESS	7411 SW 67TH AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CARIDAD, LOURDES	
STREET ADDRESS	7411 SW 67TH AVE	
CITY-ST-ZIP	MIAMI FL 33143	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caridad, Orlando G	
STREET ADDRESS	6440 N.W. 114 AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caridad, Orlando G	
STREET ADDRESS	6440 N.W. 114 AVE	
CITY-ST-ZIP	MIAMI FL 33178	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 786-7020182

Date

Daytime Phone #

CR2E034 (9/01)