

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001744

1. Entity Name

J & G AMPUERO ENTERPRISES INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90197 045 ***150.00

Principal Place of Business

21321 SW 92ND AVENUE
 MIAMI FL 33189

Mailing Address

21321 SW 92ND AVENUE
 MIAMI FL 33189-3823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0885374

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

~~CORONADO, RAMONA~~
~~7360 CORAL WAY~~
~~SUITE 21~~
~~MIAMI FL 33155~~

Gloria

Name

Gloria G. Ampuero

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

21321 SW 92nd Ave

City

MIAMI

FL 3

FL

Zip Code
 33189

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)

DATE

04-27-2000

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 ☐ Delete
 NAME PD
 STREET ADDRESS AMPUERO, JUAN P JR.
 CITY-ST-ZIP 21321 SW 92ND AVENUE
 MIAMI FL 33189

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS AMPUERO, GLORIA G
 CITY-ST-ZIP 21321 SW 92ND AVENUE
 MIAMI FL 33189

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

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:

Gloria G. Ampuero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-2000 305 232718F
 Date Daytime Phone #

CR2E034 (9/99)