FILED

Aug 18, 2003 8:00 am Secretary of State

08-18-2003 90172 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	DC	C	U	M	E	N	Т	#
------------	----	---	---	---	---	---	---	---

P99000019030

1. Entity Name

OCELLO ENTERPRISES, INC.





						WE WE						
Principal Place of Business 8351 PINE ISLAND ROAD TAMARAC FL 33321		Mailing Address 8351 PINE ISLAND ROAD TAMARAC FL: 33321										
2. Principal Place of Business			3. Mailing Address			-						
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-		FEI Number 59-3572491	9-3572491		Applied For Not Applicable	
Zip		Country	Zip Cou			ГУ	5.	Certificate of Status Desired		8.75 Add ee Rëquire		
	6. Name	and Address of Current	Registered	Agent			7.	Name and Address of New Re	gistered A	gent		
					***	Name			×			
DIAZ, ROY A ESQ. 2691 EAST OAKLAND PARK BOULEVARD					}		(P.O. E	Box Number is Not Acceptable)				
SUITE 303	3			1								
FORT LAU	JDERDALE !	FL 33306			\	City			FL	Zip Cod	e	
	ions of regist					d office or registi		gent, or both, in the State of Flor	DATE	amiliar with,	and accept	
After Se	ptember 10,	FEE IS \$550.00 2003 Fee will be \$750 Florida Department of					-	9. Election Campaign Fina Trust Fund Contribution.	· -		O May Be to Fees	
10.		OFFICERS AND	DIRECTOR	S	11.		AE	DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PETER SR. ISLAND ROAD		☐ Delete	TITLE NAME	T ADDRESS		32.11010,017111201003111	500000	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCELLO,	BARBARÁ ISLAND ROAD		□ Delete		T ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GAD ISLAND RD DERDALE FL 33324		☐ Delete	TITLE NAME STREET CITY-S	T ÅDDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		inda Island RD Derdale Fl 33324		Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with address, with abother like empowered.

SIGNATURE:

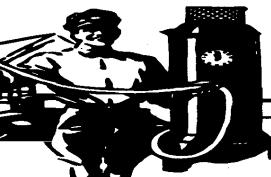




10111193

OCELLO ENTERPRISES

FP99000019030



dba OCELLO'S WOODMONT CHEVRON 8351 N. PINE ISLAND ROAD TAMARAC, FLORIDA 33321

Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

This is to notify you that we never received the first report forms that you sent prior to June 1,2003.

We are returning the current form with our check for \$150. as Instructed by your pre recorded message

Thank you

Línda L Aflalo, secretary Ocello Enterprises,Inc

Phone: 954 722-0111

Fax: 954 722-1974