

2000 UNIFORM BUSINESS REPORT (UBR)

0195174

DOCUMENT # P99000035302

1. Entity Name

NARANJO ENTERPRISES, INC.

Principal Place of Business

701 BRICKELL KEY BLVD #2403
MIAMI FL 33131

Mailing Address

701 BRICKELL KEY BLVD #2403
MIAMI FL 33131-2682

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

65-0912870

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

GONZALEZ, DON
9050 PINES BLVD STE 450-F
PEMBROKE PINES FL 33024

Name
FLORIDA ANNUAL REPORT SERVICES INC.
Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY
SUITE # 200
City
MIAMI, FL Zip Code
33145

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.

AMADA CANTERA LOPEZ, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

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	<input checked="" type="checkbox"/> Delete
NAME	NARANJO, JAIRO	
STREET ADDRESS	701 BRICKELL KEY BLVD #2403	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, GUSTAVO	
STREET ADDRESS	701 BRICKELL KEY BLVD #2403	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NARANJO, JAIRO	
STREET ADDRESS	701 BRICKELL KEY BLVD #2403	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NARANJO, JAIRO	
STREET ADDRESS	701 BRICKELL KEY BLVD #2403	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, GUSTAVO	
STREET ADDRESS	701 BRICKELL KEY BLVD # 2403	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, GUSTAVO	
STREET ADDRESS	701 BRICKELL KEY BLVD # 2403	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, GUSTAVO	
STREET ADDRESS	701 BRICKELL KEY BLVD # 2403	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, GUSTAVO	
STREET ADDRESS	701 BRICKELL KEY BLVD # 2403	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*****150.00

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
GUSTAVO LOPEZ, PRES.

Date

Daytime Phone #

5/1/00

CR2E034 (9/99)