

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91752 034 ***158.75

DOCUMENT # P99000035302

1. Entity Name

NARANJO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13207 NW 7th AVENUE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

4. FEI Number

65-0912870

Applied For

Not Applicable

Zip

33168

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RACHAEL MOISE

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

13207 NW 7th AVENUE

City

MIAMI, FL 33168

FL

Zip Code
33168

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME**

**STREET ADDRESS
CITY-ST-ZIP**

VP/ST
RACHAEL MOISE
13207 NW 7th AVENUE
MIAMI, FL. 33168

**TITLE
NAME**

**STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME**

**STREET ADDRESS
CITY-ST-ZIP**

P
GUSTAVO LOPEZ
701 BRICKELL KEY BLVD 2403
MIAMI FL 33131

**TITLE
NAME**

**STREET ADDRESS
CITY-ST-ZIP**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)