2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
09-12-2000 90235 034 ***150.00

DOCUMENT # P99000055270

1. Entity Name
MIRANDA AND OCAMPO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1897 SOUTH KIRKMAN ROAD. #411 ORLANDO FL 32811	1897 SOUTH KIRKMAN ROAD. #411 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1897 S. KIRKMAN RD	
Suite, Apt. #, etc. # 411	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip: 32811 Country: ORANGE	Zip: Country:

4. FEI Number 59-3577108 ☒ 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
OCAMPO, AGRIPINA M 1897 SOUTH KIRKMAN ROAD, #411 ORLANDO FL 32811	Name: AGRIPINA M. OCAMPO Street Address (P.O. Box Number is Not Acceptable): 1897 S. KIRKMAN RD #411 City: ORLANDO FL FL Zip Code: 32811

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OCAMPO, AGRIPINA M 1897 SOUTH KIRKMAN ROAD, #411 ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OCAMPO, RAMON F 1897 SOUTH KIRKMAN ROAD, #411 ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NO employee	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	right now	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED 7-10-00 (407)297-8068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #