

2/28/01-90028-041-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # **P99000062239**

FILED

01 AUG -8 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
AMPARO BOTERO OF FLORIDA, INC.

Principal Place of Business
**2601 S BAYSHORE DR. SUITE 1400
MIAMI FL 33133**

Mailing Address
**2601 S BAYSHORE DR. SUITE 1400
MIAMI FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1097686

Applied For
Not Applicable

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DURAN, ALFREDO ()
2601 S BAYSHORE DR., SUITE 1400
MIAMI FL 33133**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Applicable)
City **FL** Zip Code

8. The above named entity elects 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 re-registering) DATE

9. This corporation is eligible for filing requirement and (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D / Pres BOTERO, AMPARO 2601 S BAYSHORE DR MIAMI FL 33133		18671 Collins Ave., Apt. 3203 Sunny Isles Beach, Florida 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		900004525239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information 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 or have power or trust or authority to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an officer or director, with an address, with or without authority to sign.

SIGNATURE: *Amparo Botero* **AMPARO BOTERO, Pres/Dir** 2/22/01 (305) 859-2696
Signature (and typed or printed name) of signing officer or director Date (Typed Phone #)



2062

ACCOUNT NO. : 072100000032

REFERENCE : 406905 81390A

AUTHORIZATION :

COST LIMIT : \$ 417.50

Patricia Pujat

ORDER DATE : August 8, 2001

ORDER TIME : 2:28 PM

ORDER NO. : 406905-005

CUSTOMER NO: 81390A

CUSTOMER: Alfredo G. Duran, Esq
Alfredo G. Duran, Esq
Terremark Centre, Suite 1400
2601 South Bayshore Drive
Miami, FL 33133

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ANNUAL REPORT FILING

NAME: AMPARRO BOTERO OF FLORIDA,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____