

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

# 2001 UNIFORM BUSINESS REPORT (UBR)

# FILED

*102*

01 AUG -8 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000062239**

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 resigning) DATE

9. This corporation is eligible to satisfy its intangible tax 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D / Pres AMPARO BOTERO, AMIRO 18707 BURNING WOODS AVENUE MIAMI FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>18671 Collins Ave., Apt. 3203 Sunny Isles Beach, Florida 33016</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>900004525239</b>	
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"/> Change <input type="checkbox"/> Addition
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 of the corporation or the person 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 alternate address, with no other like empowerment.

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: \_\_\_\_\_