

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077737

1. Entity Name

OJEDA ENTERPRISES, INC.

FILED

Feb 13, 2000 8:00 am  
Secretary of State

02-13-2000 90020 044 \*\*\*150.00

Principal Place of Business

Mailing Address

9223 S.W. 123RD AVE. COURT  
MIAMI FL 33186

9223 S.W. 123RD AVE. COURT  
MIAMI FL 33186-4437

80015207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2658 Fairway Cove Ct.  
Suite, Apt. #, etc.

3. Mailing Address

2658 Fairway Cove Ct.  
Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

65-0954753

Applied For

Not Applicable

Zip

33414

Country

U.S.A.

Zip

33414

Country

U.S.A.

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

OJEDA, MARIANO R  
9223 S.W. 123RD AVE. COURT  
MIAMI FL 33186

2658 Fairway Cove Ct.  
Wellington FL 33414

Name

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

City

FL

Zip Code

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) ☐

**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 ☐ Delete  
NAME PSTD  
STREET ADDRESS OJEDA, MARIANO R  
CITY-ST-ZIP 9223 S.W. 123RD AVE. COURT  
MIAMI FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2658 Fairway Cove Ct.  
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS SOTOMAYOR, LUZ ELENA  
CITY-ST-ZIP 9223 S.W. 123RD AVE. COURT  
MIAMI FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2658 Fairway Cove Ct.  
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other, like empowered.

SIGNATURE: *[Signature]* **RECORDED** *Mariano R. Ojeda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 (561) 559-9882

Date

Daytime Phone #

CR2E034 (9/99)