

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State
 07-24-2000 90006 004 ***150.00

DOCUMENT # **SB1831**
 1. Entity Name
CONGO DE ORO, INC *R*

Principal Place of Business Mailing Address (same)
7225 N.W. 25th St Suite 309
MIAMI, FL 33122

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
MIRANDA, TANETH
7225 NW 25th St # 309
MIAMI, FL 33122

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

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida
 SIGNATURE *[Signature]* 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

TITLE	PP	MIRANDA Milton	☐ Delete
NAME			
STREET ADDRESS		7225 NW 25 th St Suite 309	
CITY - ST - ZIP		MIAMI, FL 33122	
TITLE	UD	MIRANDA, TANETH	☐ Delete
NAME			
STREET ADDRESS		7225 NW 25 th St # 309	
CITY - ST - ZIP		MIAMI, FL 33122	
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

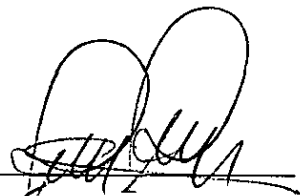
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 all other like empowered.
 SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
D#581831
D002997

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **CONGO DE ORO, INC.** Thank you for your courtesy in this matter.



MILTON MIRANDA
President

Attachment
581831