

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90184 004 \*\*\*150.00

0246476

**DOCUMENT # P00000056627**

1. Entity Name  
**ORF INVESTMENT GROUP, INC.**

Principal Place of Business  
**2821 E. COMMERCIAL BLVD., SUITE 200  
 FT. LAUDERDALE FL 33308**

Mailing Address  
**2821 E. COMMERCIAL BLVD., SUITE 200  
 FT. LAUDERDALE FL 33308**

011111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1037122**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**MCTAGUE, JOEL  
 2821 E. COMMERCIAL BLVD., SUITE 200  
 FT. LAUDERDALE FL 33308**

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, 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  Delete  
 NAME **D CHOATE, GAIL**  
 STREET ADDRESS **2821 E. COMMERCIAL BLVD., SUITE 200**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE  Change  Addition  
 NAME **COO, D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MCTAGUE, JOEL**  
 STREET ADDRESS **8316 VIA LEONESA**  
 CITY-ST-ZIP **BOCA RATON FL 33433-2218**

TITLE  Change  Addition  
 NAME **CFO, D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RITTER, JEFF**  
 STREET ADDRESS **600 SNUG HARBOR DR., A-17**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE  Change  Addition  
 NAME **CEO, D**  
 STREET ADDRESS **777 E. Atlantic Avenue, Suite 2359**  
 CITY-ST-ZIP **Delray Beach FL 33483**

TITLE  Delete  
 NAME **D SUH, SUNG-JIK**  
 STREET ADDRESS **6418 SWEET MAPLE LANE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME **CTO, D**  
 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 all other like empowered.

SIGNATURE: Joel McTague **Joel McTague** 1/13/01 561-966-1750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)