

# 2003 UNIFORM BUSINESS REPORT (UBR)

0085773 AV

DOCUMENT # **P01000047264**

1. Entity Name  
**ORGAL ENTERPRISES, INC.**

FILED

03 APR -1 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2933 W. STATE ROAD 434 #131  
LONGWOOD FL 32779**

Mailing Address  
**2933 W. STATE ROAD 434 #131  
LONGWOOD FL 32779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2316 N. RIO GRANDE AVE** 3. Mailing Address **2316 N. RIO GRANDE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

4. FEI Number  
**59-3718138**

Applied For  
 Not Applicable

Zip **32804** Country **USA**

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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

**KANTOR, ORI  
2933 W. STATE ROAD 434 #131  
LONGWOOD FL 32779**

Name **KANTOR, ORI**  
Street Address (P.O., Box Number is Not Acceptable)  
**2316 N. RIO GRANDE AVE**  
City **ORLANDO FL** Zip Code **32804**

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 **ORI KANTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/15/03**

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, 2002 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 checked="" type="checkbox"/> Addition
	<b>ORI KANTOR</b>	<b>2316 N. RIO GRANDE AVE</b>	<b>ORLANDO FL 32804</b>		

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 **(X) SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**407-841-1500**

**3/15/03**

Date

Daytime Phone #

CR2E034 (9/01)