

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026417

1. Entity Name

ORFRED, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90270 009 ***150.00

Principal Place of Business

Mailing Address

1110 NE 18 AVE
 FT. LAUDERDALE FL 33304

1110 NE 18 AVE
 FT. LAUDERDALE FL 33304-2410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, ROBERT F JR.
 1110 NE 18 AVE
 FT. LAUDERDALE FL 33304

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	CEOP	<input type="checkbox"/> Delete
NAME	HOLT, ROBERT F JR.	
STREET ADDRESS	1110 NE 18 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEITER, JEFFREY	
STREET ADDRESS	707 20TH DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EMERSON, TIMOTHY	
STREET ADDRESS	704 NE 23RD DR #2	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JEFFREY S. DEITER Jeffrey S. Deiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

(954) 564-5359

Daytime Phone #

CR2E034 (9/99)