

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90047 001 \*\*\*150.00

0494622

**DOCUMENT # 595112**

1. Entity Name

**ORLANDO WOODS ESTATES, INC.**

Principal Place of Business

**2000 S. DIXIE HWY. SUITE 109 MIAMI FL 33101**  
*2451 Brickell Ave. P.O. MIAMI FL 33129*

Mailing Address

**P.O. BOX 011773 MIAMI FL 33101 US**

**C0008600**



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 **59-2339442**

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

**HUYSMAN, MICHEL**  
**2000 SOUTH DIXIE HWY SUITE 109 MIAMI FL 33133**

Name **MANUEL GARCIA AVILA**

Street Address (P.O. Box Number is Not Acceptable)  
**2451 BRICKELL AVE P.O.**

City **MIAMI** FL Zip Code **33129**

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

*EDUARDO TORRES, PRES*  
 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.

**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	V	<input type="checkbox"/> Delete
NAME	GARCIA AVILA, MANUEL	
STREET ADDRESS	2000 S DIXIE HWY #109	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUYSMAN, MICHEL	
STREET ADDRESS	2000 S DIXIE HWY #109	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE ABREU, MANUEL DA CORTE	
STREET ADDRESS	PISO 8 OFICINAAMANSOR	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ABREU, JOSE DA SILVA	
STREET ADDRESS	PISO 8 OFICINAAMANSOR	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	P	<input type="checkbox"/> Delete
NAME	TORRES, EDUARDO	
STREET ADDRESS	TORRE LAS DELICIAS 9D	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, MANUEL HERMINIO	
STREET ADDRESS	TORRE LAS DELICIAS 0D	
CITY-ST-ZIP	CARACAS, VENEZUELA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 011773	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, EDUARDO	
STREET ADDRESS	2451 BRICKELL AVE. S.N.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2451 BRICKELL AVE. S.N.	
CITY-ST-ZIP	MIAMI FL 33129	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDUARDO TORRES, PRESIDENT & SEC.**

*1/12/01*

Date

Daytime Phone #

*305-257-9124*

CR2E034 (10/00)