

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90303 002 ***150.00

DOCUMENT # P97000040699

1. Entity Name

ORION TRADING GROUP CORPORATION

Principal Place of Business

**8180 NW 36 STREET #100
 MIAMI FL 33166**

Mailing Address

**8180 NW 36 STREET #100
 MIAMI FL 33166**

2. Principal Place of Business

8180 N.W. 36 ST

Suite, Apt. #, etc.

SUITE 230

City & State
MIAMI, FL

Zip
33166

Country
USA

3. Mailing Address

8180 N.W. 36 ST.

Suite, Apt. #, etc.

SUITE 230

City & State
MIAMI, FL

Zip
33166

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0765058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, EDUARDO S C.P.A.
 8180 NW 36 STREET #100
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **EDUARDO S. GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
8180 N.W. 36 ST.
SUITE 230
 City **MIAMI** FL Zip Code **33166**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-01

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

TITLE **PSTD** ☐ Delete
 NAME **DE FONSECA, PAULO C**
 STREET ADDRESS **8180 NW 36 STREET #100**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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 **P, S, T, D** ☒ Change ☐ Addition
 NAME **DE FONSECA, PAULO C.**
 STREET ADDRESS **8180 N.W. 36 ST., STE. 230**
 CITY-ST-ZIP **MIAMI, FL 33166**

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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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

2-20-01 (305) 477-7447

Date

Daytime Phone #

CR2E034 (10/00)