

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 850495**

1. Entity Name

INVERSIONES ORFECA CORPORATION, INC.

Principal Place of Business

Mailing Address

**8300 SW 8TH ST
SUITE #303
MIAMI FL 33144
US****8300 SW 8TH ST
SUITE #303
MIAMI FL 33144-4132
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0052237

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

- 6. Name and Address of Current Registered Agent

**MENDEZ-INSUA, ARISTIDES U
8300 SW 8TH STREET
#303
MIAMI FL 33144**

- 7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NEW HEMISPHER TRUST CO	
STREET ADDRESS	SNIPWEG 41	
CITY-ST-ZIP	CARACAO, NETHERLND	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	2 S BISCAYNE BLVD, SUITE 3400	
CITY-ST-ZIP	MAIMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ORTEGA TAIN, JOSE	
STREET ADDRESS	AVENIDA ANDRES BELLO	
CITY-ST-ZIP	CARACAS, VENEZUELA 0	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CANAL, JOSE FERNANDEZ	
STREET ADDRESS	AVENIDA PRINCIPAL	
CITY-ST-ZIP	CARACAS, VENEZUELA 0	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASARES, ALBINO	
STREET ADDRESS	AVENIDA LOS ARMANES #31	
CITY-ST-ZIP	CARACAS, VENEZUELA 0	
TITLE	VDAS	<input type="checkbox"/> Delete
NAME	MENDEZ-INSUA, ARISTIDES U	
STREET ADDRESS	8300 SW 8TH ST #303	
CITY-ST-ZIP	MIAMI FL	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
Aristides U Mendez-Insua, Director

Date

1/10/2000 305-262-2351

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90046 003 ***150.00

A0006098

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)