

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850495

1. Entity Name
INVERSIONES ORFECA CORPORATION, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90141 035 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2911 SW 97th Avenue

Suite, Apt. #, etc.

3. Mailing Address

2911 SW 97th Avenue

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number 98-0052237

Applied For

Not Applicable

Zip
33165

Country
U.S.A.

Zip
33165

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELENZ-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)
2911 SW 97th Avenue

City MIAMI

FL

Zip Code
33165

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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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
ARISTIDES U MENDEZ-INSUA, V

Jan. 17/2002

Date

305-221-2009

Daytime Phone #

CR2E034 (9/01)