

2001 UNIFORM BUSINESS REPORT (UBR)

0013053 AF

DOCUMENT # **A93000001405**

1. Entity Name

OFRA INVESTMENTS, LTD.

Principal Place of Business

**5900 CASA DEL REY CIRCLE
ORLANDO FL 32809**

Mailing Address

**P.O. BOX 1650
WINDERMERE FL 34786-1650**

FILED

01 FEB -6 PM 12: 29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

59-3224513

Applied For

Not Applicable

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

**ORCHILLES, FRANCISCO JR
5900 CASA DEL REY CIRCLE
ORLANDO FL 32809**

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. Capital Contributions
as Shown on record.

\$9,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000074172**
NAME **AUTOTIM CORP.**
STREET ADDRESS **5900 CASA DEL REY CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32809**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

FRANCISCO ORCHILLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/19/01 (407) 363-0015
Date Daytime Phone #

CR2E003 (11/00)