

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91032 018 ***150.00

0014259 IN

DOCUMENT # F02000006131

1. Entity Name

ORLANDO FINANCIAL VENTURES CORP.



Principal Place of Business

CERRADA DE PICO DE SORATA.NO. 199-12
MEXICO D.F. 14210

Mailing Address

CERRADA DE PICO DE SORATA.NO. 199-12
MEXICO D.F. 14210

2. Principal Place of Business

3. Mailing Address

200 S. Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4100

City & State

City & State

Miami, FL. 33131

4. FEI Number

66-0619324

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE INTERNATIONAL REGISTERED AGENTS
200 S. BISCAYNE BLVD. #4100
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
HERNANDEZ, ETHEL BAZAN
CERRADA DE PICO DE SORATA NO. 199-12
MEXICO, D.F. 14210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HERNANDEZ, ETHEL BAZAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2003

5255-5433-9161

Date

Daytime Phone #

CR2E034 (10/02)