

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90245 048 \*\*\*150.00

0138626

**DOCUMENT# F26504**

1. Entity Name

**ORANGE BLOSSOM ENTERPRISES, INC.**

Principal Place of Business

**5511 S.W. 10 PL.  
MARGATE FL 33068**

Mailing Address

**PO BOX 935164  
MARGATE FL 33063  
US**

2. Principal Place of Business

3. Mailing Address

**11311 LAKEVIEW DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Coral Springs**

City & State

City & State

**FL 33071**

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2194980**

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

**BRAY, PETER  
5511 S.W. 10 PLACE  
MARGATE FL 33068**

Name **Peter Bray**

Street Address (P.O. Box Number is Not Acceptable)  
**11311 LAKEVIEW DR**

City **Coral Springs**

**FL**

Zip Code **33071**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAY, PETER</b>	
STREET ADDRESS	<b>5511 SW 10 PL.</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRAY, PETER</b>	
STREET ADDRESS	<b>5511 S.W. 10 PL.</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BRAY, MARIE-JASEE V</b>	
STREET ADDRESS	<b>5511 SW 10 PL</b>	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAY, Peter</b>	
STREET ADDRESS	<b>11311 LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>Coral Springs FL 33071</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAY, Peter</b>	
STREET ADDRESS	<b>11311 LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>Coral Springs FL 33071</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAY, MARIE-JOSEE V.</b>	
STREET ADDRESS	<b>11311 LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>Coral Springs FL 33071</b>	
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:

**Peter Bray**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/01**  
 Date

**954-255-5441**  
 Daytime Phone #

CR2E034 (10/00)