

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005455

1. Entity Name

ORON DEVELOPMENT UNION (USA) INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90104 014 ****70.00

Principal Place of Business

19461 NW 7TH ST
PEMBROKE PINES FL 33029

Mailing Address

19461 NW 7TH ST
PEMBROKE PINES FL 33029

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2117337

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NTEKIM, ITA
19461 NW 7TH ST.
PEMBROKE PINES FL 33029

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
NTEKIM, ITA
19461 NW 7TH ST
PEMBROKE PINES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
NTEKIM, KATHERINE
19461 NW 7TH ST
PEMBROKE PINES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ABIA, DANIEL
19210 NW 10 AVENUE
MIAMI FL

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-01

Date

Daytime Phone #

CR2E037 (10/00)