2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FOROMODE 455



FILED
Apr 25, 2003 8:00 am
Secretary of State

1. Entity Name ORON DEVELOPMENT UNION (USA) INC.								04	-25-2003 9	0143 050) ****70.(00
Principal Place of Business Ma			Mailin	ng Address	<u> </u>	- :		H ano				
				19461 NW 7TH ST PEMBROKE PINES FL 33029		<u>;</u>						
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							- A. E.					
2. Principal Place of Business		3. Mailing Address				45						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 .	- 	· · . CHECK HERE IF MAKING CHANGES						
City & State		City & State					4. FEI Number 58-2117337				Applied For	
		Country	Zij	0	Cou	untry			<u> </u>		\$8.75 Add	t Applicable
<u> </u>				-				5. Certificate of Sta	tus Desired	X	ee Require	d d
	6. Name	and Address of Curren	nt Registere	ed Agent		N-		7. Name and Addre	ss of New R	egistered A	gent	
APTEVD #	ITA.					Name	•					
NTEKIM,						Street A	ddress (l	P.O. Box Number is No	t Acceptable)		
19461 NW 7TH ST. PEMBROKE PINES FL 33029				, 4n*								
						City					Zip Code	
						<u></u>	<u>.</u>	,		FL	1	
	e named entity tions of registe	y submits this statement ered agent.	tor the burb	oose of changing its	registere	еа опісе ог	register	ed agent, or both, in tr	e State of Flo	rida. Ji am ta	amiliar with, :	and accept
				,								L
SIGNATURE	Signature, typed	or printed name of registered age	int and title if app	plicable, (NOT	E: Registere			when reinstating)		DATE		
		or printed name of registered ages	int and title if app	9. Election Car Trust Fund C	mpaign F	inancing	ure required	when reinstating) \$5.00 May Be Added to Fees		ke Check	Payable ment of S	
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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 cath; 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: