

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90054 039 \*\*\*150.00

**DOCUMENT # F99000000302**

**1. Entity Name**  
**OROPHI, INC.**

**Principal Place of Business**  
**1556 CYPRESS DR., SUITE 20**  
**JUPITER FL 33469**

**Mailing Address**  
**1556 CYPRESS DR., SUITE 20**  
**JUPITER FL 33469**



**2. Principal Place of Business**

**3. Mailing Address**

**612 N. Orange Ave., Ste. A-8**  
**Jupiter, FL 33458**

**612 N. Orange Ave., Ste. A-8**  
**Jupiter, FL 33458**

DO NOT WRITE IN THIS SPACE

**EI Number** **59-3508484** **Applied For**  
**Not Applicable**

**Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIMMONS, CHARLES T CPA**  
**417 COCONUT AVE. STE. #1**  
**STUART FL 34996**

**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**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **ALI, VINCENTO S**  
**STREET ADDRESS** **1556 CYPRESS DR. #20**  
**CITY-ST-ZIP** **JUPITER FL 33469**

**TITLE** **O** ☐ Delete  
**NAME** **KARAMEROS, GEORGE**  
**STREET ADDRESS** **1556 CYPRESS DRIVE #20**  
**CITY-ST-ZIP** **JUPITER FL 33469**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**612 N. Orange Ave., Ste. A-8**  
**Jupiter, FL 33458**

**12. DIRECTORS IN 11** ☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDR**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** **203 Xanadu Place**  
**STREET ADD** **Jupiter, FL 33477**  
**CITY-ST-ZIP**

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

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

**Date** **Daytime Phone #**

**1/30/02** **561-262-0858**

CR2E034 (9/01)