

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87077

1. Entity Name

ORANGE COMPUTER GROUP, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90130 028 ***150.00

Principal Place of Business

% RAFAEL SALAZAR
900 PARK CENTER BLVD SUITE 456-430
MIAMI FL 33166-4104

Mailing Address

900 PARK CENTRE BLVD.
SUITE #456-430
MIAMI FL 33169
US

2. Principal Place of Business

900 Park Centre Blvd
Suite, Apt. #, etc.
#430

3. Mailing Address

900 Park Centre Blvd
Suite, Apt. #, etc.
Suite 430

City & State

Miami, FL

City & State

Miami, FL

Zip

33169

Country

USA

Zip

33169

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0118871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, RAFAEL
7828 N.W. 53 STREET
MIAMI FL 33166

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SALAZAR, RAFAEL	
STREET ADDRESS	900 PARK CENTRE BLVD., #456	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SALAZAR, ADRIEN	
STREET ADDRESS	900 PARK CENTRE BLVD. #456	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROBERTO ROA	
STREET ADDRESS	900 PARK CENTER BLVD 456	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YUI M KWOK	
STREET ADDRESS	900 PARK CENTER BLVD 456	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAM, SZ L	
STREET ADDRESS	900 PARK CENTRE BLVD #456	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nayeli Salazar	
STREET ADDRESS	900 Park Centre Blvd #430	
CITY-ST-ZIP	Miami, FL 33169	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01
Date

0305624-3300
Daytime Phone #

CR2E034 (10/00)