

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *L00000009584*

1. Entity Name

HOROSPAC, L.C.

Principal Place of Business

Mailing Address

*2927 WINDSWEEP DRIVE, Suite 108
LANTANA, FL. 33462*

FILED
01 JUN 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1032083

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*SPITZEL & UTRENA P.A.
343 ALMERIA AVE.
CORAL GABLES, FL. 33134*

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<i>PD</i>	<i>HENRY OROZCO</i>	<i>2927 WINDSWEEP Dr. Ste. 108 LANTANA, FL 33462</i>	<input type="checkbox"/>
	<i>VP</i>	<i>HENRY FABIAN OROZCO</i>	<i>2927 WINDSWEEP Dr. Ste. 108 LANTANA, FL. 33462</i>	<input type="checkbox"/>
	<i>S</i>	<i>KAREN OROZCO</i>	<i>2927 WINDSWEEP Dr. Ste 108 LANTANA, FL. 33462</i>	<input type="checkbox"/>
	<i>T</i>	<i>Luz Dany Parga</i>	<i>2927 WINDSWEEP Dr. Ste 108 LANTANA, FL. 33462</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****55.00 *****55.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-22-01 (561) 968-3396

Date

Daytime Phone #

CR2E083 (1100)