

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90082 026 \*\*\*\*50.00

**DOCUMENT # L00000009584**

1. Entity Name

**HOROZPACK, L.C.**



Principal Place of Business

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

Mailing Address

**1128 ISLAND SHORE DR  
1128  
WEST PALM BEACH FL 33413**

2. Principal Place of Business

**2401 WEST BROADWAY**

3. Mailing Address

**2401 WEST BROADWAY**

Suite, Apt. #, etc.

**619**

Suite, Apt. #, etc.

**619**

City & State

**COLUMBIA, MISSOURI**

City & State

**COLUMBIA, MISSOURI**

Zip

**65203**

Country

**USA**

Zip

**65203**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1032083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PD** ☐ Delete  
NAME **OROZCO, HENRY**  
STREET ADDRESS **2927 WINDSWEEP DRIVE, STE. 108**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **VP** ☐ Delete  
NAME **HENRY FABIAN OROZCO**  
STREET ADDRESS **2927 WINDSWEEP DRIVE, STE. 108**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **S** ☐ Delete  
NAME **OROZCO, KAREN**  
STREET ADDRESS **2927 WINDSWEEP DRIVE, STE. 108**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **T** ☐ Delete  
NAME **LUZ DARY PAYA**  
STREET ADDRESS **2927 WINDSWEEP DRIVE, STE. 108**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PD** ☒ Change ☐ Addition  
NAME **OROZCO, HENRY**  
STREET ADDRESS **2401 WEST BROADWAY STE. 619**  
CITY-ST-ZIP **COLUMBIA, MO 65203**

TITLE **VP** ☒ Change ☐ Addition  
NAME **HENRY FABIAN OROZCO**  
STREET ADDRESS **704 RIVER FIVE DRIVE**  
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **S** ☒ Change ☐ Addition  
NAME **OROZCO, KAREN**  
STREET ADDRESS **2401 WEST BROADWAY STE. 619**  
CITY-ST-ZIP **COLUMBIA, MO 65203**

TITLE **T** ☒ Change ☐ Addition  
NAME **LUZ DARY PAYA**  
STREET ADDRESS **2401 WEST BROADWAY STE. 619**  
CITY-ST-ZIP **COLUMBIA, MO 65203**

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

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

CR2E083 (10/02)

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

**Feb-07-03 (573) 289-3645**

Date

Daytime Phone #