

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016423

1. Entity Name
ORTEC, LTD. CO.

Principal Place of Business
260 CRANDON BLVD. SUITE 32 #83
KEY BISCAYNE FL 33149-1540

Mailing Address
260 CRANDON BLVD. SUITE 32 #83
KEY BISCAYNE FL 33149-1540

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 65-1140507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GISBERT, ANTONIO
260 CRANDON BLVD. SUITE 32 #83
KEY BISCAYNE FL 33149-1540

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
MARISA LOPEZ
STREET ADDRESS 260 CRANDON BLVD SUITE 32 #83
CITY-ST-ZIP KEY BISCAYNE FL 33149-1540

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

TITLE NAME ☐ Delete
MGRM
ANTONIO GISBERT
STREET ADDRESS 260 CRANDON BLVD SUITE 32 #83
CITY-ST-ZIP KEY BISCAYNE FL 33149-1540

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Marisa Lopez REARISALLOPEZ MANAGING MEMBER

01/08/02 (305) 361-8007

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

Date Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90013 029 ****50.00

902470



DO NOT WRITE IN THIS SPACE

0010004

CR2E083 (9/01)