

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 19418 (7)

1. Entity Name

Ora Et Labora, Inc.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90278 034 ***150.00

Principal Place of Business

19030 NW 84 Ct
Miami, FL 33015

Mailing Address

19030 NW 84 Ct
Miami, FL 33015

2. Principal Place of Business

Same
Suite, Apt. #, etc.

City & State

Zip

Country

USA

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

USA

950382

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0152727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Antonio Hernandez
19030 NW 84 Ct
Miami, FL 33015

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, 2000 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	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Antonio Hernandez</u>	
STREET ADDRESS	<u>19030 NW 84 Ct</u>	
CITY-ST-ZIP	<u>Miami, FL 33015</u>	
TITLE	<u>Secretary</u>	<input type="checkbox"/> Delete
NAME	<u>Ida Hernandez</u>	
STREET ADDRESS	<u>19030 NW 84 Ct</u>	
CITY-ST-ZIP	<u>Miami, FL 33015</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Antonio Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)