

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000009221

1. Entity Name

ORINOCOART, LLC

00 MAY 23 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

312 Thalia Drive  
Orlando, FL 32807

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

59-3623857

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

Kerri Hartman  
312 Thalia Drive  
Orlando, FL 32807

Name

James LaVigne

Street Address (P.O. Box Number is Not Acceptable)

5301 Conroy Road, Suite 140

Orlando, FL 32811

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 Board Member ☒ Delete  
STREET ADDRESS Lizzy Marrero  
CITY-ST-ZIP Calle Dr. Tio #35-A  
Republica Dominicana

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME CEO, CHAIRMAN, MGR ☒ Change ☐ Addition  
STREET ADDRESS ALICE LUIA LAUGHTLIN  
CITY-ST-ZIP 1533 LAWNDALE CIRCLE  
WINTER PARK, FL. 32792

TITLE  
NAME PRESIDENT ☒ Change ☒ Addition  
STREET ADDRESS TOSCA FERNANDEZ DE LAUGHTLIN  
CITY-ST-ZIP URB. ALTOS DE GUATAPARO. CALLE GUGUE  
#143-121, QTA LA ROMANILLA. EDO. CARABOBO,  
VALENCIA. VENEZUELA. ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003282499-8  
CITY-ST-ZIP -06/09/00--01053--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE

DEUTER PHONE #