

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91327 014 ***158.75

DOCUMENT # <i>M48984</i>			
1. Entity Name ORLEY INVESTMENTS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 6812 NW 77 COURT		3. Mailing Address 6812 NW 77COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33166		Country USA	
4. FEI Number 59-2826623		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ EX		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name GIRALDO LEYVA			
Street Address (P.O. Box Number is Not Acceptable) 6950 NW 77TH COURT			
City MIAMI FL Zip Code 33166			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DP LEYVA, GIRALDO 6812 NW 77TH COURT MIAMI, FL.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

CR2E034B (12/02)