

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M62933**

1. Entity Name
ORBIS TRADE, INC.

Principal Place of Business
**104 CRANDON BLVD SUITE 421 C
SUITE ~~417~~ 417
KEY BISCAYNE FL 33149
US**

Mailing Address
**104 CRANDON BLVD SUITE 421 C
SUITE ~~417~~ 417
KEY BISCAYNE FL 33149
US**

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

65-0017470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARDO, MARIO RAUL
104 CRANDON BLVD #426
SUITE 421C
KEY BISCAYNE FL 33149**

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
PARDO, MARIO R
104 CRANDON BLVD SUITE ~~417~~ 417
KEY BISCAYNE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARDO, BEATRIZ G
155 OCEAN LANE DR, #100
KEY BISCAYNE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE: MARIO R. PARDO

Date

Daytime Phone #

01/07/02

(305) 365-0809

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90056 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)