

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91275 031 ***150.00

DOCUMENT # M63081

1. Entity Name
ORION DISTRIBUTORS CORP.

Principal Place of Business 7050 N.W. 77TH CT MIAMI FL 33166	Mailing Address 7050 N.W. 77TH CT MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7050 N.W. 77 CT # UNIT E Suite, Apt. #, etc. MIAMI	3. Mailing Address Damm Suite, Apt. #, etc.
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City & State FL.	City & State
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4. FEI Number 65-0354396	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 33166	Country DADE	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE FREITAS, FILIPE
 7050 N.W. 77TH CT
 MIAMI FL 33166

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P DE FREITAS, GONCACO 7050 N.W. 77TH CT MIAMI FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S DE FREITAS, FILIPE 7050 N.W. 77TH CT MIAMI FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D DE FREITAS, FATIMA 7050 N.W. 77TH CT MIAMI FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED **FILIPE DE FREITAS** June 10 2002 305-4779198.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # O.C.

CR2E034 (9/01)