

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90187 033 ***150.00

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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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **65-0354396**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P DE FREITAS, GONCACO		NAME	
STREET ADDRESS 7050 N.W. 77TH CT		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP	
NAME S DE FREITAS, FILIPE		NAME	
STREET ADDRESS 7050 N.W. 77TH CT		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP	
NAME D DE FREITAS, FATIMA		NAME	
STREET ADDRESS 7050 N.W. 77TH CT		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP	
NAME		NAME	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BY FREITAS DATE: APRIL 25, 2003 DAYTIME PHONE #: 305-591-2834

CR2E034 (10/02)