

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90033 025 ***150.00

DOCUMENT # M86636

1. Entity Name

ORANGE INSURANCE SERVICES INC.

R

Principal Place of Business

Mailing Address

11521 NW 58TH. PL.
 HIALEAH

00086926

2. Principal Place of Business

11521 NW 58TH. PL.

Suite, Apt. #, etc.

3. Mailing Address

11521 N.W. 58TH. PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

4. FEI Number

65-0059350

Applied For

Not Applicable

Zip

33012

Country

MIAMI-DADE

Zip

33012

Country

MIAMI-DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ESPERANZA
 11521 NW 58TH. PL
 HIALEAH, FL 33012

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.

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	GARCIA, GUSTAVO	
STREET ADDRESS	11521 N.W. 58TH. PL	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/00

Date

(305) 884-8515

Daytime Phone #

CR2E034 (9/99)

attachment m86636
DW86926

ORANGE INSURANCE SERVICES INC

11521 NW 58th. PL HIALEAH, FL 33010

PHONE: (305) 884-8515

September 12, 2000.

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL

RE: ANNUAL REPORT

Due to our change of address we did not received the annual report to file, we sent the change of address but we did not received any response. I just got this blank Annual report and I am sending to you right away with the proper fee.

I would like to thank very much you in advance for your cooperation and understanding.

Yours truly,



Gustavo Garcia