

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90291 033 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M86636
 1. Entity Name
ORANGE INSURANCE SERVICES INC.



Principal Place of Business
 11521 NW 58TH PL
 HIALEAH, FL 33012 US

Mailing Address
 11521 NW 58TH PL
 HIALEAH, FL 33012 US

90125968



2. Principal Place of Business
221 E 9 ST.

3. Mailing Address
221 E 9 ST.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip
33010

Country
MIAMI-DADE

Zip
33010

Country
MIAMI-DADE

4. FEI Number
65-0059350

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ESPERANZA
11621 NW 68 PLACE
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

I, 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 necessary) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, GUSTAVO 11621 NW 68 PLACE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEY, JAMES R 8770 NW 13TH ST. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *K* **4/26/03 (305) 884-8515**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)