

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 97000004552**

1. Entity Name

**ORANIA Society Inc.**

FILED

00 APR 10 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2430 Indian Mound Trail 2430 Indian Mound Trail**  
**Coral Gables. FL 33134 Coral Gables. FL 33134**

2. Principal Place of Business

3. Mailing Address

**2430 Indian Mound Trail 2430 Indian Mound Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Coral Gables. FL 33134**

**Coral Gables. FL 33134**

City & State

City & State

**33134**

**USA**

**33134**

**USA**

Zip

Country

Zip

Country

4. FEI Number

by phone X

Applied For

**65-0773846**

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Lorenzo M. Vargas**  
**2430 Indian Mound Trail**  
**Coral Gables. FL 33134**

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 **Lorenzo M. Vargas, M.D.**

**April, 5, 2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/C** ☐ Delete  
NAME **Lorenzo M. Vargas**  
STREET ADDRESS **2430 Indian Mound Trail**  
CITY-ST-ZIP **Coral Gables. FL 33134**

TITLE **D** ☐ Change ☐ Addition  
NAME **David Camacho**  
STREET ADDRESS **4127 Liberty Avenue**  
CITY-ST-ZIP **North Bergen .NJ. 07047**

TITLE **V/T** ☐ Delete  
NAME **Carlos Reategui**  
STREET ADDRESS **16624 SW 91 Terr.**  
CITY-ST-ZIP **Miami. FL 33196**

TITLE **D** ☐ Change ☐ Addition  
NAME **Eduardo Niezen**  
STREET ADDRESS **109 SE. 9 Street**  
CITY-ST-ZIP **Hallandale. FL 33009**

TITLE **D/S** ☐ Delete  
NAME **Jesus V. Vera**  
STREET ADDRESS **2430 Indian Mound Trail**  
CITY-ST-ZIP **Coral Gables. FL 33134**

TITLE ☐ Change ☐ Addition  
NAME **200003213822-2**  
STREET ADDRESS **-04/19/00-01003-005**  
CITY-ST-ZIP **\*\*\*\*\*70.00 \*\*\*\*\*70.00**

TITLE **D** ☐ Delete  
NAME **Juan Marchini Jr.**  
STREET ADDRESS **7352 NW.34 Street**  
CITY-ST-ZIP **Miami. FL33122**

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

TITLE **D** ☐ Delete  
NAME **Brayn Camacho**  
STREET ADDRESS **4127 Liberty Avenue-"D"**  
CITY-ST-ZIP **North Bergen .NJ. 07047**

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

TITLE **D** ☐ Delete  
NAME **Gregory Camacho**  
STREET ADDRESS **4123 Liberty Avenue-"D"**  
CITY-ST-ZIP **North Bergen. NJ. 07047**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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:

*Lorenzo M. Vargas*

**Lorenzo M. Vargas**

**April, 5, 2000**

**KE**

CR2E037 (9/99)