

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004552

1. Entity Name

ORANIA SOCIETY INCORPORATED

Principal Place of Business

Mailing Address

2430 INDIAN MOUND TRAIL
CORAL GABLES FL 33134

2430 INDIAN MOUND TRAIL
CORAL GABLES FL 33134

2. Principal Place of Business

2430 Indian Mound Trail

3. Mailing Address

2430 Indian Mound Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0773846

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

LORENZO M. VARGAS, M.D.

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

(NOTE: Registered Agent signature required when reinstating)

April 2, 2002

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/C
VARGAS, LORENZO M
2430 INDIAN MOUND TRAIL
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T
REATEGUI, CARLOS
16624 SW 91 TERR.
MIAMI FL 33196 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
VERA, JESUS V
2430 INDIAN MOUND TRAIL
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARCHINI, JUAN JR
7352 NW 34 STREET
MIAMI FL 33122 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMACHO, BRAYN
4127 LIBERTY AVENUE-D
NORTH BERGEN NJ 07047 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMACHO, GREGORY
4127 LIBERTY AVENUE-D
NORTH BERGEN NJ 07047 ☐ Delete

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

SIGNATURE REQUIRED

April 2, 2002 (305) 493-8329

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90681 001 *****5.00

04-10-2002 90681 002 *****61.25

04-10-2002 90681 003 *****8.75



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)