

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90122 009 \*\*\*\*75.00

**DOCUMENT # N97000004552**

1. Entity Name  
**ORANIA SOCIETY INCORPORATED**



Principal Place of Business  
**2430 INDIAN MOUND TRAIL  
CORAL GABLES FL 33134**

Mailing Address  
**2430 INDIAN MOUND TRAIL  
CORAL GABLES FL 33134**

2. Principal Place of Business

**2430 INDIAN MOUND TR**

3. Mailing Address

**2430 INDIAN MOUND TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLE, FL**

4. FEI Number **65-0773846**

☒ Applied For  
☐ Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**VARGAS, LORENZO M DR.  
2430 INDIAN MOUND TRAIL  
CORAL GABLES FL 33134**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/C	<input type="checkbox"/> Delete
NAME	VARGAS, LORENZO M	
STREET ADDRESS	2430 INDIAN MOUND TRAIL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	REATEGUI, CARLOS	
STREET ADDRESS	16624 SW 91 TERR.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	VERA, JESUS V	
STREET ADDRESS	2430 INDIAN MOUND TRAIL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCHINI, JUAN JR	
STREET ADDRESS	7352 NW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMACHO, BRAYN	
STREET ADDRESS	4127 LIBERTY AVENUE-D	
CITY-ST-ZIP	NORTH BERGEN NJ 07047	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMACHO, GREGORY	
STREET ADDRESS	4127 LIBERTY AVENUE-D	
CITY-ST-ZIP	NORTH BERGEN NJ 07047	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputing Phone #

CR2E037 (10/02)