

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90003 022 ****70.00

DOCUMENT # N98000002599

1. Entity Name

THE ORGANIZATION FOR RESIDENCY AND CITIZENSHIP I

Principal Place of Business

**2320 N.W. 115 DRIVE
CORAL SPRINGS FL 33065**

Mailing Address

**PO BOX 934458
MARGATE FL 33093**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0834738**

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

**MAHARAJ, JAGRAM S
2320 NW 115 DR
CORAL SPRINGS FL 33065**

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 _____

**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	<input type="checkbox"/> Delete
NAME	MAHARAJ, JAGRAM R	
STREET ADDRESS	2320 NW 115 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS F; 33065	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS SUAREZ	
STREET ADDRESS	3683 NW 91 LANE	
CITY-ST-ZIP	SUNRISE FL 33351	

TITLE	VP	<input type="checkbox"/> Delete
NAME	BABOOLAL, RICKY	
STREET ADDRESS	2139 NW 45 AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE DIAZ	
STREET ADDRESS	12013 SW 110 ST	
CITY-ST-ZIP	CIRCLE EAST MIAMI FL 33186	

TITLE	S	<input type="checkbox"/> Delete
NAME	CADOGAN, ROY	
STREET ADDRESS	6060 NW 42 WAY	
CITY-ST-ZIP	COCONUT CREEK FL 33073	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	OVEDO-REYES, ALFONSO	
STREET ADDRESS	8370 WEST FLAGLER ST., SUITE 110	
CITY-ST-ZIP	MIAMI FL 33144	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LALTOO, ALLAN	
STREET ADDRESS	226 GLENN PARKWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	GUTIERREZ, AUGUSTO	
STREET ADDRESS	411 SW 128 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01

341-7915

CR2E037 (10/00)