

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007190

1. Entity Name

REACH OUT ORPHANAGE, INC.

FILED

01 SEP 28 PM 4:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

239 CHURCHILL DRIVE
LONGWOOD FL 32779

239 CHURCHILL DRIVE
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621827

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSARIO, SAMUEL
239 CHURCHILL DRIVE
LONGWOOD FL 32779

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 D ☐ Delete
NAME ROSARIO, SAMUEL
STREET ADDRESS 239 CHURCHILL DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE D ☐ Delete
NAME ROMERO, DIALIS
STREET ADDRESS 5680 GRAND CANYON DRIVE
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE D ☐ Delete
NAME ROMERO, DAVID
STREET ADDRESS 5680 GRAND CANYON DRIVE
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE D ☐ Delete
NAME MARRCRO, CARMEN
STREET ADDRESS 3635 MANDALAY CT.
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE D ☐ Delete
NAME RIVERA, LIZELLE
STREET ADDRESS 209 ARBOR CIRCLE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☒ Change ☐ Addition
NAME Rivera, Lizelle
STREET ADDRESS 528 Shadow Glenn Pl.
CITY-ST-ZIP Winter Springs, FL 32708

TITLE D ☐ Delete
NAME CRUZ, LUIS
STREET ADDRESS 105 HIGHLAND DRIVE
CITY-ST-ZIP FERN PARK FL 32730

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:

[Signature]

7/19/01 407-7887683

CR2E037 (10/00)