

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

102
APPROVED
AND
FILED

DOCUMENT # PG0000021039

1. Entity Name

ORFRA, INC.



03 OCT -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5985 W. 25TH COURT

3. Mailing Address
5985 W. 25TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH

City & State
HIALEAH

REINSTATEMENT 2003
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-09785709

Applied For
Not Applicable

Zip Country
FL 33016

Zip Country
FL 33016

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ORTA, PEDRO

Street Address (P.O. Box Number is Not Acceptable)

5985 W 25TH COURT

City HIALEAH

FL Zip Code
33016

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ORTA PEDRO
STREET ADDRESS 5985 W 25TH CT., HIALEAH, FL 33016
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024222770
10/29/03--01008--030 **450.00

TITLE SD
NAME LOPEZ FRANK
STREET ADDRESS 5985 W 25TH CT., HIALEAH, FL 33016
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, without other like empowerment.

SIGNATURE:

FRANK LOPEZ (SD)

305-823-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2082

ORFRA, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

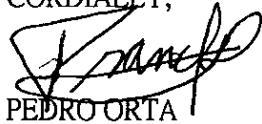
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON' T HESITATE TO CONTACT ME.

CORDIALLY,



PEDRO ORTA
PRESIDENT