

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

DOCUMENT # **P00000025351**

1. Entity Name

ORIOLE INTERNATIONAL, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90318 024 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11762 SW 88TH STREET

Suite, Apt. #, etc.

SUITE 308

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Address

11762 SW 88TH STREET

Suite, Apt. #, etc.

SUITE 308

City & State

MIAMI, FL

Zip

33186

Country

USA

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4. FEI Number

65-1061108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAFAEL GARCIA-TOLEDO

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

9130 SW 134 PLACE

City

MIAMI

FL

Zip Code

33186

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARCIA-TOLEDO, RAFAEL
9130 SW 134 PLACE
MIAMI, FLORIDA 33186**

TITLE
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STREET ADDRESS
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rafael Garcia-Toledo, RAFAEL GARCIA-TOLEDO 4/11/02 305-387-7479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #