

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90404 012 ***150.00

017500

DOCUMENT # P00000026373

1. Entity Name

ORIANA INTERNATIONAL CORPORATION

Principal Place of Business

**7410 CARLYLE AVENUE
 APARTMENT 5
 MIAMI BEACH FL 33141**

Mailing Address

**7410 CARLYLE AVENUE
 APARTMENT 5
 MIAMI BEACH FL 33141**

00029489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5255 NW 165 ST.

Suite, Apt. #, etc.

3. Mailing Address

5255 NW 165 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1001385

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LINARES, RIBER
 331 MADEIRA AVENUE
 APARTMENT 3
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **EDUARDO A. BASSOTTI**
 Street Address (P.O. Box Number is Not Acceptable)
7410 CARLYLE AV.
APT. 5
 City **Miami Beach** **FL** Zip Code **33141**

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

3/23/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **BASSOTTI, EDUARDO A**
 STREET ADDRESS **7410 CARLYLE AVENUE, APT. 5**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **ST** ☐ Delete
 NAME **TORTORA, MYRAIM G**
 STREET ADDRESS **7410 CARLYLE AVENUE, APT. 5**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 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

EDUARDO A. BASSOTTI

Date

3/23/01

Daytime Phone #

(305) 8675294

CR2E034 (10/00)