

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90463 026 \*\*\*158.75

**DOCUMENT # P00000036576**

1. Entity Name  
**ORBOS, INC.**

Principal Place of Business

**12792 SW 45 TERR.  
 MIAMI FL 33175**

Mailing Address

**12792 SW 45 TERR.  
 MIAMI FL 33175**

2. Principal Place of Business

**6985 W. Broward Blvd. ← same**

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Plantation, FL**

City & State

**← same**

4. FEI Number

**65-1002800**

Applied For

Not Applicable

Zip

**33317**

Country

**USA**

Zip

**←**

Country

**←**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ORTIZ, PAOLO  
 12792 SW 45 TERR.  
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

**ORTIZ, PAOLA  
 2600 S. University Drive  
 Apt 120  
 Davie, FL 33328**

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

**Paola A. Ortiz / Paola A. Ortiz STD**

**4/17/2002**

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	BELL, PAMELA A	
STREET ADDRESS	20715 SW 105TH CT	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSEJO, ALAND R	
STREET ADDRESS	14460 SW 156TH AVE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ORTIZ, PAOLA A	
STREET ADDRESS	12792 SW 45 TERR.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2600 S. University Drive, Apt 120	
CITY-ST-ZIP	Davie, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**Paola A. Ortiz / Paola A. Ortiz 4/17/2002 829-4947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)