

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90083 025 ***150.00

DOCUMENT # P00000037609

1. Entity Name

OROZCO GUTIERREZ, CORP.

Principal Place of Business

Mailing Address

**2050 CORAL WAY, SUITE 303
 MIAMI FL 33145**

**2050 CORAL WAY, SUITE 303
 MIAMI FL 33145**

2. Principal Place of Business

12829 SW 133 CT

Suite, Apt. #, etc.

#A

City & State

MIAMI, FL

Zip **33186**

Country **USA**

3. Mailing Address

12829 SW 133 CT

Suite, Apt. #, etc.

#A

City & State

MIAMI, FL

Zip **33186**

Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0999808

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OROZCO, LIZETH
 2050 CORAL WAY, SUITE 303
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

12829 SW 133 CT #A

City

MIAMI

FL

Zip Code

33186

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)

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	OROZCO, LIZETH	
STREET ADDRESS	2050 CORAL WAY, SUITE 303	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, STELLA	
STREET ADDRESS	2050 CORAL WAY, SUITE 303	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OROZCO, JUNA CARLOS	
STREET ADDRESS	2050 CORAL WAY, SUITE 303	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OROZCO, ADOLFO	
STREET ADDRESS	2050 CORAL WAY, SUITE 303	
CITY-ST-ZIP	MIAMI FL 33145	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OROZCO, MARCO A.	
STREET ADDRESS	17128 SW 39 CT.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
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:

Signature: Marco Orozco 03-07-02

(561) 251-8551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO A. OROZCO GEN. MANAGER

Daytime Phone #