

**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<br><b>2050 CORAL WAY, SUITE 303<br/>         MIAMI FL 33145</b> | Mailing Address<br><b>2050 CORAL WAY, SUITE 303<br/>         MIAMI FL 33145</b> |
|---|---|



|   |  |
|---|--|
| 2. Principal Place of Business<br><b>12829 SW 133 CT</b><br>Suite, Apt. #, etc. <b>#A</b> | 3. Mailing Address<br><b>12829 SW 133 CT.</b><br>Suite, Apt. #, etc. <b>#A</b> |
| City & State<br><b>MIAMI, FL</b>  | City & State<br><b>MIAMI, FL</b>   |
| Zip<br><b>33186</b> Country <b>USA</b>  | Zip<br><b>33186</b> Country <b>USA</b>   |

4. FEI Number **65-0999808** Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 **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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>OROZCO, LIZETH</b><br><b>2050 CORAL WAY, SUITE 303</b><br><b>MIAMI FL 33145</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>GUTIERREZ, STELLA</b><br><b>2050 CORAL WAY, SUITE 303</b><br><b>MIAMI FL 33145</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>OROZCO, JUNA CARLOS</b><br><b>2050 CORAL WAY, SUITE 303</b><br><b>MIAMI FL 33145</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>OROZCO, ADOLFO</b><br><b>2050 CORAL WAY, SUITE 303</b><br><b>MIAMI FL 33145</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD</b><br><b>OROZCO, MARCO A.</b><br><b>17128 SW 39 CT.</b><br><b>MIRAMAR, FL 33027</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Marco Orozco Date: 03-07-02 (305) 251-8551  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARCO A. OROZCO GEN MANAGER Daytime Phone # \_\_\_\_\_

CR2500-4 (9/01)