

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91584 027 \*\*\*150.00

DOCUMENT # *P00000065342*

1. Entity Name

*Out of Order Inc.*

Principal Place of Business

Mailing Address

2. Principal Place of Business

*13054 NW 43 Ave*

Suite, Apt. #, etc.

3. Mailing Address

*same*

Suite, Apt. #, etc.

City & State

*Opa Locka, FL*

City & State

*same*

4. FEI Number

*05-1021658*

Applied For

Not Applicable

Zip

*33054*

Country

*Dade*

Zip

*same*

Country

*same*

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

*Vicente Calvo*

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

*13054 NW 43 Ave*

City

*Opa Locka*

FL

Zip Code

*33054*

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

*4/20/01*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *DP*  
 NAME *Vicente Calvo*  
 STREET ADDRESS *17911 NW 68 Ave, Suite N102*  
 CITY-ST-ZIP *Miami Lakes, FL 33015*

☐ Delete

TITLE *DP*  
 NAME *Vicente Calvo*  
 STREET ADDRESS *13054 NW 43 Ave*  
 CITY-ST-ZIP *Opa Locka, FL 33054*

☒ Change ☐ Addition

TITLE *DV*  
 NAME *Ramon Morla Jr.*  
 STREET ADDRESS *17911 NW 68 Ave, Suite N102*  
 CITY-ST-ZIP *Miami Lakes, FL 33015*

☐ Delete

TITLE *DV*  
 NAME *Ramon Morla Jr.*  
 STREET ADDRESS *13054 NW 43 Ave*  
 CITY-ST-ZIP *Opa Locka, FL 33054*

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/01 (305) 219 4600*

Date

Daytime Phone #

CR2E034 (11/00)