

2001 UNIFORM BUSINESS-REPORT (UBR)

DOCUMENT # P00000097255

1. Entity Name

ODG INTERNATIONAL CORPORATION

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90030 012 ***150.00

Principal Place of Business

320 S. FLAMINGO Rd # 234

PEMBROKE PINES FL 33027-1770

Mailing Address

320 S. FLAMINGO Rd # 234

PEMBROKE PINES FL 33027-1770

C0070589

2. Principal Place of Business

320 S. FLAMINGO Rd # 234

Suite, Apt. #, etc.
234

City & State
PEMBROKE PINES FL

Zip
33027-1770

Country
FLORIDA

3. Mailing Address

320 S. FLAMINGO Rd

Suite, Apt. #, etc.
234

City & State
PEMBROKE PINES FL

Zip
33027-1770

Country

4. FEI Number

65-1047997

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

MARITZA CORONA
301 SW 85TH WAY #108
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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!!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ Delete
NAME ONEIDA Di GIUSEPPE
STREET ADDRESS 320 S. FLAMINGO Rd # 234
CITY-ST-ZIP PEMBROKE PINES FL 33027-1770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-24-01

Date

954-659 8835

Daytime Phone #

CR2E034 (11/00)