

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000099290**1. Entity Name
ORION HOLDINGS INVESTMENT, CORP.Principal Place of Business
**7951 SW 40TH STREET SUITE 208
MIAMI FL 33155**Mailing Address
**7951 SW 40TH STREET SUITE 208
MIAMI FL 33155**

2. Principal Place of Business

731 SHOTGUN ROAD
Suite, Apt. #, etc.

3. Mailing Address

731 SHOTGUN ROAD
Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

65-1051502

Applied For

Not Applicable

Zip

33126

Country

US

Zip

33324

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, O.J.
7951 SW 40TH STREET SUITE 208
MIAMI FL 33155**

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 use if applicable.

(NOTE: Registered Agent signature required when retreating)

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
REY, JAIME
7951 SW 40TH STREET SUITE 208
MIAMI FL 33155** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD (L2)
DE REY, MARIA E
7951 SW 40TH STREET SUITE 208
MIAMI FL 33155** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIAZ, O.J.
7951 SW 40TH STREET SUITE 208
MIAMI FL 33155** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
SP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/12/01 954 916 3636**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA****01 OCT -1 PM 2:56**

DO NOT WRITE IN THIS SPACE

CR2E034 (3/01)