

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 006 ***150.00

DOCUMENT # P000000099290

1. Entity Name

Orion Holdings Investment, Corp. ✓

DO NOT WRITE IN THIS SPACE

80120345

2. Principal Place of Business
7951 SW 40th Street

3. Mailing Address
7951 SW 40th Street

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
206

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1051502

Applied For
Not Applicable

Zip
33155

Country
U.S.

Zip
33155

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
O.J. Diaz

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

7951 SW 40th Street, Suite 206

City
Miami, FL 33155

FL
Zip Code
33155

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Soto, Jaime Rey 7951 SW 40th Street, Suite 206 Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Deortiz Rey, Maria E. 7951 SW 40th Street, #206 Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

Date

305-261-6251

Daytime Phone #

CR2E034B (12/01)