2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000099976 DOCUMENT

1. Entity Name

ORIOL INVESTMENTS INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90412 026 ***150.00

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ce of Busines 4TH COURT 65	2901	Mailing Address 2901 S.W. 104TH COURT MIAMI FL 33165									
Place of Busir	ness	3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
te -		City	City & State			4	65-105846	9		oplied For of Applicable	
					ry	5	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7	. Name and Address of New	Registered A	gent		
					Name						
PAVON, ORIOL 2901 S.W. 104TH COURT					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33165					-				1 2: 0-4	_	
				1	City			FL	Zip Coa	e	
		or the purp	oose of changing its	registere	d office or r	egistered	agent, or both, in the State of F	lorida. I am fa	miliar with,	and accept	
Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	Agent signature	required whe	en reinstating)	- DATE]	
r May 1, 200	3 Fee will be \$550.00	of State								0 May Be I to Fees	
			l DRS	11.				FICERS AND	DIRECTOR	S IN 11	
2901 S.W.	RIOL 104TH COURT		☐ Delete	STREE	T ADDRESS					☐ Addition	
THE WHITE E	330100		☐ Delete		T ADDRESS		,		☐ Change	☐ Addition	
-			Delete		T ADDRESS	, a	•	مهر د د ر ما سه	☐ Change	☐ Addition	
			□ Delete		T ADDRESS				☐ Change	☐ Addition	
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			☐ Delete	TITLE NAME STREET	TADDRECC				☐ Change	Addition	
	#, etc. # fe. Name ORIOL 104TH CO 33165 Place of Busin # atc. te Comparison Comparison Signature, typed ILE NOW!! r May 1, 200 c Payable to D PAVON, O 2901 S.W.	Place of Business #, etc. Country 6. Name and Address of Current PRIOL 104TH COURT 33165 Pnamed entity submits this statement for the statement of the s	#, etc. Suit #, etc. Suit # of Country Zip Country Zip Country Zip 6. Name and Address of Current Registers ORIOL 104TH COURT 33165 In amed entity submits this statement for the purplions of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. ILE NOW!!!*FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTO D PAVON, ORIOL 2901 S.W. 104TH COURT	2901 S.W. 104TH COURT MIAMI FL 33165 Place of Business #, etc. Suite, Apt. #, etc. Country Zip 6. Name and Address of Current Registered Agent DRIOL 104TH COURT 33165 Paramed entity submits this statement for the purpose of changing its tions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE ILE NOW!!!*FEE IS \$150.00 r May 1, 2003: Fee will be \$550.00 c Payable to Florida Department of State OFFICERS AND DIRECTORS D Delete Delete Delete Delete	## COURT 2901 S.W. 104TH COURT MIAMI FL 33165 Place of Business 3. Mailing Address 4, etc. ## etc. Suite, Apt. #, etc. ## etc. City & State Country Zip Country ## 6. Name and Address of Current Registered Agent Country	## COURT 2801 S.W. 104TH COURT MIAMI FL 33165 Place of Business 3. Mailing Address 3. Mailing Address 4. etc. ##, etc. Suite, Apt. #, etc. 5. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent 5. Name 5. Name and Address of Current Registered Agent 5. Name 5. Name	# etc. Suite, Apt. #, etc. Country Zip Country	## COURT 280 S.W. 104TH COURT MAMI FL 33165 Place of Business 3. Mailing Address	## company of the purpose of changing its registered agent, or both, in the State of Florida. I am factors of registered agent, or both, in the State of Florida Department of State of Policies of Florida Department of State of Flor	## country	

I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #