

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90015 003 \*\*\*150.00

0075378 AV

**DOCUMENT # P00000102044**

**1. Entity Name**  
**ORION REPRESENTATION CORP.**



**Principal Place of Business**  
**3300 JAYWOOD TERR. STE J-219**  
**BOCA RATON FL 33431**

**Mailing Address**  
**3300 JAYWOOD TERR. STE J-219**  
**BOCA RATON FL 33431**



**2. Principal Place of Business**  
**3300 JAYWOOD TERR. STE**  
**Suite, Apt. #, etc.**  
**J-219**

**3. Mailing Address**  
**SAME**  
**Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

**City & State**  
**BOCA RATON - FL**

**City & State**

**4. FEL Number**  
**65-1051240**

**Applied For**  
**Not Applicable**

**Zip**  
**33431**

**Country**  
**USA**

**Zip**

**Country**

**5. 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**

**AQUILINO, JULIANA**  
**3961 N FEDERAL HWY**  
**POMPANO BEACH FL 33064**

**Name**  
**DESACHANTE BRASILEIRO**

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

**3961 N. FEDERAL HWY**

**City** **POMPANO BEACH** **FL** **Zip Code** **33064**

**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**

**08/24/01**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTD** ☐ **Delete**  
**NAME** **MABELLINI, FRANCIA MARA**  
**STREET ADDRESS** **3300 JAYWOOD TERR, STE J-219**  
**CITY-ST-ZIP** **BOCA RATON FL 33431**

**TITLE** **PTD** ☐ **Change** ☒ **Addition**  
**NAME** **MABELLINI, FRANCIS HARA**  
**STREET ADDRESS** **3300 JAYWOOD TERR, STE J-219**  
**CITY-ST-ZIP** **BOCA RATON, FL 33431**

**TITLE** **V** ☐ **Delete**  
**NAME** **HAYESHIDA, WILSON KEITI**  
**STREET ADDRESS** **3300 JAYWOOD TERR, STE J-219**  
**CITY-ST-ZIP** **BOCA RATON FL 33431**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/21/01** **561-334-7777**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Dr. # P00000102044  
B0002648

3300 JAYWOOD TERRACE STE J-219  
BOCA RATON, FL 33431

RE: ORION REPRESENTATION CORP.  
P00000102044

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE  
ANNUAL REPORT PAPER IN MY HOUSE. I DIDN'T KNOW ABOUT THIS  
~~ANNUAL REPORT. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF~~  
THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

SINCERELY,

  
FRANCIS MARA MABELLINI