

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90092 022 \*\*\*150.00

**DOCUMENT # P00000102292**

**1. Entity Name**  
**SOCIEDAD MINERA EL ORDAGO CORP.**

**Principal Place of Business**  
**10393 SW 209 LANE**  
**MIAMI FL 33189**

**Mailing Address**  
**10393 SW 209 LANE**  
**MIAMI FL 33189**

B00047000



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**4. FEI Number** **65-1052449**

Applied For

Not Applicable

Zip

Country

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**

**GARCIA, JAIME**  
**8060 S.W. 150TH PLACE**  
**MIAMI FL 33193**

Name **JOSE OROZCO**

Street Address (P.O. Box Number is Not Acceptable)  
**10393 SW 209 LANE**

City **MIAMI**

**FL**

Zip Code **33189**

**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

**02-1-02**

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

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

TITLE **PT** ☐ Delete  
 NAME **OROZCO, JOSE**  
 STREET ADDRESS **14873 S.W. 104TH ST APT 103**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **LIBARDO A. DELTRON**  
 STREET ADDRESS **10393 S.W. 209 LANE**  
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE **SV** ☐ Delete  
 NAME **DE PINERES, SORAYA G**  
 STREET ADDRESS **14873 S.W. 104TH ST APT 103**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **D** ☒ Delete  
 NAME **ORTEGON, ELIAS**  
 STREET ADDRESS **14873 S.W. 104TH ST APT 103**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **D** ☒ Delete  
 NAME **ORTEGON, GIBRAN**  
 STREET ADDRESS **14873 S.W. 104TH ST APT 103**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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**

**02-1-02**

Date

**305-588-2884**

Daytime Phone #

CR2E034 (9/01)