

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000107951**1. Entity Name
ORVO CARGO MIAMI, INC.**FILED**
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**01 OCT -1 PM 1:25****Principal Place of Business****C/O ROTH ROUSSO & BENJAMIN PA**
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156**Mailing Address****C/O ROTH ROUSSO & BENJAMIN PA**
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**Roth, Rouso & Darrach, PA****3. Mailing Address****Roth, Rouso & Darrach, PA**

Suite, Apt. #, etc.

3440 Hollywood Blvd, Ste 360

City & State

Hollywood FL

Zip

33021

Country

USA

Suite, Apt. #, etc.

3440 Hollywood Blvd, Ste 360

City & State

Hollywood, FL

Zip

33021

Country

USA**4. FEI Number****65-1063100****Applied For**☐ **Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****ROTH, LEONARDO A ESQ**
C/O ROTH ROUSSO & BENJAMIN PA
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156**7. Name and Address of Now Registered Agent****ROTH, LEONARDO A. Esq.**
Street Address (P.O. Box Number is Not Acceptable)
3440 Hollywood Blvd, Ste 360
City Hollywood FL Zip Code 33021**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

Leonardo A. Roth, Esq. 9/10/01**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 Trust Fund Contribution.** ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
DU BOIS FREUND, WILHELM
2451 BRICKELL AVENUE 8T
MIAMI FL 33129 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
ROTA, MARIANNA
2451 BRICKELL AVENUE 8T
MIAMI FL 33129 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
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CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
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**
MARIANNA ROTA, V.P. 09/10/01 (904) 3224280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (5/01)