

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000111809**1. Entity Name
ORANGE BLOSSOM HOLDINGS, INC.**Principal Place of Business**C/O 782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI FL 33126**Mailing Address**C/O 782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI FL 33126**2. Principal Place of Business**

P.O. BOX 565671

3. Mailing Address

P.O. BOX 565671

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number**65-1060836**

Applied For

Not Applicable

Zip
33256Country
USZip
33256Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MARCELO-ROBAINA MAGDA
782 N.W. LE JEUNE ROAD
SUITE 548
MIAMI FL 33126
US**7. Name and Address of New Registered Agent****Name**

RODRIGUEZ TONY

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

P.O. BOX 565671

City
MIAMI

FL

Zip Code
33256

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 **MAGDA MARCELO-ROBINA****08/31/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ ANTONIO	
STREET ADDRESS	C/O 782 N.W. LE JEUNE ROAD SUITE 548	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINEDA FIDEL	
STREET ADDRESS	C/O 782 N.W. LE JEUNE ROAD SUITE 548	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ ANTONIO A	
STREET ADDRESS	P.O. BOX 565671	
CITY-ST-ZIP	MIAMI FL 33256	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEDA FIDEL	
STREET ADDRESS	P.O. 565671	
CITY-ST-ZIP	MIAMI FL 33256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Antonio A. Rodriguez

D

08/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)