

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000212

1. Entity Name

IVANORO CORPORATION

Principal Place of Business

Mailing Address

2601 S BAYSHORE DR. SUITE 1400  
MIAMI FL 33133

2601 S BAYSHORE DR. SUITE 1400  
MIAMI FL 33133

2. Principal Place of Business  
1228 Placeta

3. Mailing Address  
1228 Placeta

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Coral Gables, Florida

City & State  
Coral Gables, Florida

4. FEI Number  
65-1067892

Applied For  
Not Applicable

Zip Country  
33146 USA

Zip Country  
33146 USA

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

DURAN, ALFREDO G  
2601 S BAYSHORE DR, SUITE 1400  
MIAMI FL 33133

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ORELLANA, IVAN	
STREET ADDRESS	2601 S BAYSHORE DR, SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Alfredo G. Duran	
STREET ADDRESS	2601 So. Bayshore Dr., S-1400	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	Vice-Secretary/Director	<input type="checkbox"/> Delete
NAME	FLAVIA SANTAELLA	
STREET ADDRESS	1228 Placeta	
CITY-ST-ZIP	Coral Gables, 33146	
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	President/Director/Secretary and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVAN ORELLANA	
STREET ADDRESS	1228 Placeta	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Handwritten Signature]*

IVAN ORELLANA, President/Director

2/9/01 (305) 666-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90082 015 \*\*\*150.00

C0021886



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)