FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2005

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90043 010 ***150.00

DOCUMENT # P01000000212

1. Entity Name

IVANORO CORPORATION

DO NOT WRITE IN THIS SPACE

2000099i

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 So. Bayshore Dr.	Same
Suite, Apt. #, etc. S-1400	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33133 Country USA	Zip Country

4. FEI Number 65-1067892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

Alfredo G. Duran
2601 So.Bayshore Dr.
S-1400
Miami, Florida 33133

7. Name and Address of Current Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1, May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PDST	TITLE	
NAME	IVAN ORELLANA	NAME	
STREET ADDRESS	1228 Placeta	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ALFREDO G. DURAN	NAME	
STREET ADDRESS	2601 So. Bayshore Dr., S1400	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	FLAVIA SANTAELLA	NAME	
STREET ADDRESS	1228 Placeta	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl 33146	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address, with all other like empowered.

SIGNATURE: _____ IVAN ORELLANA Pres/Dir 1/8/05 (305) 859-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone