2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P01000004837

1. Entity Name

ORIEN ROSE, INC.



6. Name and Address of Current Registered Agent

Principal Place of Business 1050 SEMINOLE DR. PMB FT LAUDERDALE FL 33304

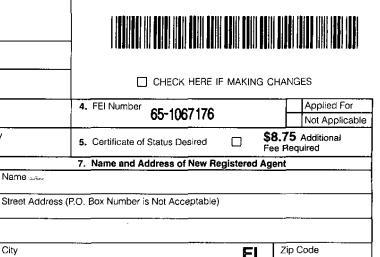
Mailing Address 1050 SEMINOLE DR. PMB FT LAUDERDALE FL 33304

| 2. Principal Place of Business | 3. Mailing Address | |
|--------------------------------|---------------------|--|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |

Zip

FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90059 003 ***150.00



| _ | | | | |
|----|---|-------------------------------|--------------------------------------|--------------------------------|
| 8. | The above named entity submits this statement for the purpose of changing its registe | red office or registered agen | t, or both, in the State of Florida. | I am familiar with, and accept |
| | the obligations of registered agent, | · · | | |

City

Country

Zip

DYAL, J PATRICK

1050 SEMINOLE DR, PMB FT LAUDERDALE FL 33304

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition Delete TAYLOR, RALPH O JR NAME NAME STREET ADDRESS 1050 SEMINOLE DR., PHB STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: