

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90193 049 ***150.00

DOCUMENT # PO1000021702

1. Entity Name

ORINOCO PRESS Publisher, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1290 WESTON ROAD

Suite, Apt. #, etc.

Suite 210

3. Mailing Address

1290 WESTON ROAD

Suite, Apt. #, etc.

Suite 210

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

4. FEI Number

65-1081340

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**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 PD
NAME MEIAS, CARLOS ELIAS
STREET ADDRESS 1290 WESTON ROAD, SUITE 210
CITY- ST- ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VD
NAME PEREZ GUEVARA, MARVELIA
STREET ADDRESS 1290 WESTON ROAD, SUITE 210
CITY- ST- ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SD
NAME MEIAS PEREZ, JUAN CARLOS
STREET ADDRESS 1290 WESTON ROAD, SUITE 210
CITY- ST- ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

Date

Daytime Phone #

CR2E034B (12/01)