

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90276 010 ***150.00

DOCUMENT # P01000021904

1. Entity Name

ORION I INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5725 SW 77 TERR
Suite, Apt. #, etc.

3. Mailing Address
5725 SW 77 TERR
Suite, Apt. #, etc.

City & State
S. MIAMI, FL

Zip
33143

Country

City & State
S. MIAMI, FL

Zip
33143

Country

4. FEI Number
65-1085238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
GONZALEZ, NICANOR

Street Address (P.O. Box Number is Not Acceptable)
5725 SW 77 TERR

City
S. MIAMI,

FL

Zip Code
33143

**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 P
NAME GONZALEZ, NICANOR
STREET ADDRESS 5725 SW 77 TERR
CITY - ST - ZIP S MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S
NAME GONZALEZ, MARIA BEGONA
STREET ADDRESS 5725 SW 77 TERR
CITY - ST - ZIP S MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME GONZALEZ, ARMANDO
STREET ADDRESS 5725 SW 77 TERR
CITY - ST - ZIP S MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME GONZALEZ, MARIELA
STREET ADDRESS 5725 SW 77 TERR
CITY - ST - ZIP S MIAMI, FL 33143

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *N. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Gonzalez PRES

Date

Daytime Phone #

CR2E034B (12/01)