P01000027399

05-09-2002 90028 046 \*\*\*150.00

**DOCUMENT #** 

1. Entity Name ORLITE, CORP.

Principal Place of Business

**SIGNATURE:** 

12725 SW 69 TERR **MIAMI FL 33184** 

Mailing Address

12725 SW 69 TERR

MIAMI FL 33184

Suite, Apt. 14. etc.    Suite, Apt. 14. etc.													
POR SINGE PASSIFE PROPERTY OF STATE  PASSIFE PRO			159	LAIE	3. Mailing Address 994 SW	159	Lan	e					
8. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  North  North  North  Street Address of New Registered Agent  North  North  Street Address of New Registered Agent  North  North  Street Address of New Registered Agent  North  N	Suite, Apt.	#, etc.			Suite, Apt. #, etc.					DO NOT WE	ITE IN THIS S	PACE	
8. Name and Address of Current Registered Agent  1. Name  1. Name and Address of New Registered Agent  1. Name  1. Name and Address of New Registered Agent  1. Name  1. Name and Address of New Registered Agent  1. Name  1. Name  1. Name and Address of New Registered Agent  1. Name  1. Name  1. Name  1. Name  1. Name  1. Name and Address of New Registered Agent  1. Name	Cip & State	eok e	PINES	R	Gity & State Tembroke	Pines	s, F	_	4. F	El Number 65-108356 6	8		•
Name	Zip <b>330</b>	<u> </u>			Zip	_				<u> </u>			
SIGNATURE  Signature System (and present place of planting particles of State (and present planting)  Signature System (and planting)  Signature (and planting)  Signatu		of Current R		<u>- I </u>									
12725 SW 69 TERR  MIAMI FL 33184    Street above named entity shorters for state from purpose of changing its registered office or registered agent, or both, in the State of Florida.	,				Name								
12725 SW 69 TERH	HILL, NEIL					/=							
MAMI FL 33184    The above named entity shows the state heavy or the process of thanging its registered office or registered agent, or both, in the State of Forlids.   Signature   Signat	12725 SW												
8. The above named entity shows that stages expressed process of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SI		-						· ·		,			
8. The above named entity shows the statement of the surpose of phanging its registered agent, or both, in the State of Florida.  Signature, injured a protein from furth general proteins of the surpose of phanging its registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Flund Contribution.   \$5.00 May Be Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 11.  11. NAME   HILL, NELL H   NAME   SIRET ADDRESS    11. SIRET ADDRESS   17.275 SW 69 TERR   Delete   NAME   SIRET ADDRESS    11. SIRET ADDRESS   17.275 SW 69 TERR   Delete   NAME   SIRET ADDRESS    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    12. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    13. SIRET ADDRESS   17.51 ZP	1410 4411 1 =	00.01	Λ										
8. The above named entity shows the statement of the surpose of phanging its registered agent, or both, in the State of Florida.  Signature, injured a protein from furth general proteins of the surpose of phanging its registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Flund Contribution.   \$5.00 May Be Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 11.  11. NAME   HILL, NELL H   NAME   SIRET ADDRESS    11. SIRET ADDRESS   17.275 SW 69 TERR   Delete   NAME   SIRET ADDRESS    11. SIRET ADDRESS   17.275 SW 69 TERR   Delete   NAME   SIRET ADDRESS    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    11. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    12. SIRET ADDRESS   17.51 ZP   Tembroke Pines , FL 33027    13. SIRET ADDRESS   17.51 ZP			$\int_{-1}^{1} d$		Λ		City	mbroi	ko "	Pines	FL	330	2 7
SIGNATURE    Symmetry	8 The above	named enti	ty submits this	statement/top	the purpose of changing i	ite register					lorida	1-0-	
Spreatners, typed of printed form of the streek-Appent spreakers Appent sp	S. THO GOOVE	. Humou om	7 1 17		and project or prioring light	ita registeri	onice U	, registere	.a aye	en, or bour, in the state of t	,	,	
Spreatners, typed of printed form of the streek-Appent spreakers Appent sp			NOV.	Mu	Hu/						4/21	102	
9. This corporation is eligible to satisfy list Intangible Tax filing requirement and elects to do so. (See criteria on back)   After May 1, 2002 Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   Addition Fund Fund Fund Fund Fund Fund Fund Fun	SIGNATURE .	Signature, type	d or printed rame of	registered agent an	title if applicable (No	OTE: Registere	d Agent signat	ure required v	vhen reir	nstating)	DATE		<del></del>
Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   Trust Fund Contribution.   Section of Pack   Peas Added to Fees Added to Fees				$\vdash$								<u>.                                    </u>	
Trust Fund Contribution.   Added to Fees (See criteria on back)   Make Check Payable to Department of State    11.							Ì	10. Election Campaign F	nancing	\$5.0	O May Be		
11.	U												
TITLE NAME INAME INITE INAME INAME INAME INITE INITE INAME INAME INITE INITE INAME INITE INITE INAME INITE INITE INAME INITE INITE INITE INITE INAME INITE I	•	na on back)					partmen	t of State					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	I man ee	OFF	ICERS AND D		12.			ADE	DITIONS/CHANGES TO OF	FICERS AND		
STREET ADDRESS CITY-ST-ZIP  TITLE  D HILL, NEIL H 12725 SW 69 TERR MIAMI FL 33184  D clete HILL, NEIL H 12725 SW 69 TERR MIAMI FL 33184  D clete HILL, NEIL H 12725 SW 69 TERR MIAMI FL 33184  D clete  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete							X Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							E 	201		1 159 100	P		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							ET ADDRESS	994	ن د	0 13 7 241	_ _ =	· • • • • •	<b>-</b>
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			33104			CHY	-SI-ZIP	ten	obro	oke Pines,	FL 3	<u> </u>	<u> </u>
CITY-ST-ZIP MIAMI FL 33184  CITY-ST-ZIP PEMBIOKE Pines, FL 33027  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		ı <del>-</del>			☐ Delete			ļ				🔀 Change	Addition
CITY-ST-ZIP MIAMI FL 33184  CITY-ST-ZIP PEMBIOKE Pines, FL 33027  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP								00	. ,	50 150 100	20.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		_						137.	7 '	1 00	~	2 ~ 0 7	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		MIAMI FL	33 104					rem	bre	re Fines, 1			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					Delete			`		•		Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP													
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete							Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•							
NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  DIFFER ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP													F7 4 1 222
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE ONAME TITLE ONAME THE ONAME TH					∟ Delete							Unange	☐ Addition
CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP							_						
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP					П 6.1								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			_	_	L⊥ Delete							Unange	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS		•	/\									
	CITY-ST-ZIP			/ )									
indicated on this report or supplemental report is true-and accurate and final 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 is report of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		ertify that th	e information a	nonline with the	nie filing dose set ou			nd in So-t	tion 11	10 07/2\/i) Elecide States	1 funther as all	a that the	· (aa-)!
	indicated of the corp	on this repo poration or t	rt or suppleme he receiver or t	stal report is trustee empow	rue and accurate and inat refed to execute this repo	ignate exer my signat rt as requir	nption stat ure shall h ed by Cha	ed in Sect ave the sa pter 607, l	uon 11 me le Florida	าย.บ7(3)(1), Fiorida Statutes. gal effect as if made under a Statutes; and that my nan	i further certif oath; that I an ne appears in	y that the in 1 an officer Block 11 or	normation or director Block 12 if

21/02

479-8111