

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-26-2002 90050 025 ***158.75

DOCUMENT # P01000030835

1. Entity Name
RAUL E OROZCO P.A.

Principal Place of Business
11277 SW 149TH PLACE
MIAMI FL 33196

Mailing Address
11277 SW 149TH PLACE
MIAMI FL 33196

- 24199



2. Principal Place of Business
11375 SW 95 STREET

Suite, Apt. #, etc.

3. Mailing Address
11375 SW 95 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

Zip
33176

Country
USA

City & State
MIAMI FLORIDA

Zip
33176

Country
USA

4. Fee Number
65-1089355

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OROZCO, RAUL E
11277 SW 149TH PLACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name **OROZCO, RAUL E.**
 Street Address (P.O. Box Number is Not Acceptable)
11375 SW 95 STREET
 City **MIAMI** FL **33176**

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 reinstalling)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PSTD** ☐ Delete
 NAME **OROZCO, RAUL E**
 STREET ADDRESS **11277 SW 149TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change of address ☐ Addition
 NAME **OROZCO, RAUL E**
 STREET ADDRESS **11375 S.W. 95th STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02

CR2E034 (9/01)