

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

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90005 030 ***163.75

DOCUMENT # Forestales del ORINOCO CORP.

1. Entity Name

PO1000036842

DO NOT WRITE IN THIS SPACE

824721

2. Principal Place of Business

9451 SW 151 Ave

3. Mailing Address

14629 SW 104 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

323

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1105569

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GIUSEPPE MARINO

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

14629 SW 104 STREET # 323

City

MIAMI

FL

Zip Code

33186

**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

Giuseppe Marino Giuseppe Marino (owner)

Feb 04 2002

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
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER
Giuseppe MARINO
14629 SW 104 Street # 323
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
SALVATORE MARINO
14629 SW 104 Street # 323
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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: Giuseppe Marino Giuseppe MARINO (owner) Feb 4 2002 305 3832844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)