

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

YR. 2002

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91114 048 \*\*\*150.00

DOCUMENT # P010000 39336

1. Entity Name

Rorima Investments, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7305 Cherry Laurel Dr

3. Mailing Address

7305 Cherry Laurel Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3712703

Applied For

Not Applicable

Zip

32835

Country

Zip

32835

Country

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.

9. SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when registering)

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 **\$81.25**  
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: Andrew Fowler  
NAME: Andrew Fowler  
STREET ADDRESS: 7305 Cherry Laurel Dr  
CITY-STATE-ZIP: Orlando, FL. 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE: Pamela, Fowler  
NAME: Pamela, Fowler  
STREET ADDRESS: 7305 Cherry Laurel Dr  
CITY-STATE-ZIP: Orlando, FL. 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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)(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:

Andrew Fowler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

DATE

Daytime Phone #

CR2E034B (12/01)