

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

APPROVED
AND
FILED

02 AUG -8 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100007112741--8
-08/14/02--01055--021
****300.00 ****150.00

DOCUMENT # P01000046607

1. Entity Name

ORINOCO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8013 NW 66th Street

Suite, Apt. #, etc.

3. Mailing Address

1800 W. 49th Street

Suite, Apt. #, etc.

Suite 301

City & State

Miami, Florida

City & State

Hialeah, Florida

4. FEI Number

07-1693315

Applied For

Not Applicable

Zip

33166

Country

Zip

33012

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Leopoldo G. Rios

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

1800 W. 49th Street

Suite 301

City

Hialeah

FL

Zip Code
33012

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.

Leopoldo G. Rios

(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 \$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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/T/S/D
Khalil, Majed
8013 NW 66th Street
Miami, FL 33166**

TITLE
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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)(f), 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

ORINOCO ENTERPRISES, INC.

June 21st, 2002

Florida Department of State
Division of Corporations
Tallahassee FL 32314

Ref.: Orinoco Enterprises, Inc.
Doc. #: P01000046607

Dear Sir/Madam:

This letter is written regarding the 2002 UBR Annual Report for this Corporation, which form we did not receive in the actual registered mailing address, as noticed by our new accountant and registered agent.

We are sending the UBR Form for the year 2002, signed and with the information about the new Registered Agent and his address and the new corporation mailing address. Please take this explanation as an apology in our part, and accept this UBR 2002 with the information you needed, signed by the new registered agent and kindly maintain active our Corporation. Again, we apologize for any inconvenience

Very truly yours

Orinoco Enterprises, Inc.



Leopoldo G. Rios
Registered Agent

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ORINOCO ENTERPRISES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials