

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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90091 035 ***150.00

DOCUMENT # P01000076520
1. Entity Name
ORCA TELECOM INC

DO NOT WRITE IN THIS SPACE

44032966

2. Principal Place of Business 200 SE 1st STREET Suite, Apt. #, etc. 510 City & State MIAMI, FL Zip 33131	3. Mailing Address 200 SE 1st STREET Suite, Apt. #, etc. 510 City & State MIAMI, FL Zip 33131
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
REGNUM GROUP INC
Street Address (P.O. Box Number is Not Acceptable)
8181 NW 36 STREET
SUITE 4
City
MIAMI **FL** Zip Code
33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	NAME QUINTANILLA, AUGUSTO J
STREET ADDRESS 200 SE 1st STREET, #510	CITY-ST-ZIP MIAMI, FL 33131
TITLE VPD	NAME QUINTANILLA, AUGUSTO C
STREET ADDRESS 200 SE 1st STREET, #510	CITY-ST-ZIP MIAMI, FL 33131
TITLE SD	NAME FOREMAN, ROSA A
STREET ADDRESS 200 SE 1st STREET, #510	CITY-ST-ZIP MIAMI, FL 33131
TITLE TD	NAME QUINTANILLA, MARIA R
STREET ADDRESS 200 SE 1st STREET, #510	CITY-ST-ZIP MIAMI, FL 33131
TITLE D	NAME LODEIRO, MARTA A
STREET ADDRESS 200 SE 1st STREET, #510	CITY-ST-ZIP MIAMI, FL 33131
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	

11.

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Augusto Quintanilla

AUGUSTO J QUINTANILLA, PRES

4/13/2004

305-374-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #