

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90400 002 ***150.00

0325135 AV

DOCUMENT # P01000090410

1. Entity Name

ORIAH, INC.

Principal Place of Business

7410 NW 4TH ST APT 103
 PLANTATION FL 33317

Mailing Address

~~7410 NW 4TH ST APT 103~~
~~PLANTATION FL 33317~~
40 GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17th STREET, Suite 301
FORT LAUDERDALE FL 33316-1725



2. Principal Place of Business

7410 NORTHWEST 4th Street 96 GRUBER AND ASSOCIATES, P.A.

3. Mailing Address

1650 SOUTHEAST 17th Street, Suite 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apartment 103

1650 SOUTHEAST 17th Street, Suite 301

City & State

City & State

FORT LAUDERDALE FL

Zip

Country

Zip

Country

33316-1725

US

4. FEI Number

65-1146883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DACTOR, ANDREW E
11300 PROSPERITY FARMS RD, SUITE 101
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **WENDY IDRISS**
 Street Address (P.O. Box Number is Not Acceptable) **7410 NORTHWEST 4th Street, # 103**
 City **PLANTATION** FL Zip Code **33317**

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

DATE

4/9/2002

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	PD	<input type="checkbox"/> Delete
NAME	IDRISS, WENDY S	
STREET ADDRESS	7410 NW 4TH ST APT 103	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDRISS, WENDY	
STREET ADDRESS	7410 NORTHWEST 4th Street	
CITY-ST-ZIP	# 103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

95452222 4/9/02

CR2E034 (9/01)