

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

06-24-2002 90298 019 ***150.00

2002 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000101804**

1. Entity Name

OREASOC GROUP, INC

Principal Place of Business

Mailing Address

15841 Pines Blvd # 315

Pembroke Pines, FL 33027

2. Principal Place of Business

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1145608

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

7. Name and Address of New Registered Agent

Hector J. Orea

15841 Pines Blvd # 315

Pembroke Pines, FL 33027

Name

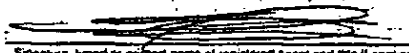
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

Hector J. Orea

(NOTE: Registered Agent signature required when reinstating)

2/25/02

DATE

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, 2001 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 **P** ☐ Delete
NAME **Hector Orea**
STREET ADDRESS **15841 Pines Blvd # 315**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE **V.P.** ☐ Delete
NAME **Stella Navas**
STREET ADDRESS **15841 Pines Blvd # 315**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE **S & Director** ☐ Delete
NAME **Hector J. Orea**
STREET ADDRESS **15841 Pines # 315**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE **J** ☐ Delete
NAME **Juan Rex**
STREET ADDRESS **15841 Pines Blvd # 315**
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector J. Orea

2/25/02

DATE

934-724-4141

Daytime Phone