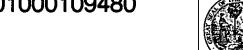
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P01000109480

1. Entity Name ORYSON, CORP.

Principal Place of Business



Mailing Address



13434 SW 73 TERRACE 13434 SW 73 TERRACE **MIAMI FL 33183 MIAMI FL 33183** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-1152301 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMEZ, SONIA M Street Address (P.O. Box Number is Not Acceptable) 13434 SW 73 TERRACE MIAMI FL 33183 -City Zip Code 8. The above named entity 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. DATE (NOTE: Registered Agent signature required when reinstating) \* FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State officers and directors ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE GOMEZ, ORLANDO NAME NAME 13434 SW 73 TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE D۷ X Delete TITLE Change VARELA, FERNANDO NAME NAME STREET ADDRESS 8530 NW 58 ST STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE DT ☐ Delete TITLE ☐ Change ☐ Addition NAME GOMEZ, SONIA M NAME STREET ADDRESS 13434 SW 73 TERRACE ----STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

KUUS?EOREANDONGOMEZ

□ Delete

Change

☐ Addition

Apr 28, 2003 8:00 am \$ Secretary of State

FILED

04-28-2003 90482 006 \*\*\*150.00