FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2002 8:00 am
Secretary of State
05-27-2002 90448 037 ***150.00

DOCUMENT # P01000113536

1. Entity Name

Orcen Investment, Corp.

DO NOT WRITE IN THIS SPACE

95605

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2900 NW 77th Ct.	2900 NW 77th Ct	
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A	
City & State Miami Florida	City & State Miami Florida	4. FEI Number 02-0611441 ☐ Applied For ☐ Not Applicable
Zip 33122 Country	Zip 33122 Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Guillermo ORTIZ

Street Address (P.O. Box Number is Not Acceptable): 2900 NW 77 Ct

City: Miami FL Zip Code: 33122

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: Guillermo Ortiz 6/25/02

Signature, typed or printed name of registered agent and title if applicable. (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 $160.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Ortiz, Guillermo
STREET ADDRESS	2900 NW 77 Ct
CITY-ST-ZIP	Miami FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Guillermo Ortiz 4/29/02 (305) 592-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #