

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2028922 AV

**DOCUMENT # P02000019910**

1. Entity Name  
**ORAZAL REAL ESTATE INVESTMENTS CO.**

Principal Place of Business  
**4141 SW 6TH STREET  
MIAMI FL 33134**

Mailing Address  
**4141 SW 6TH STREET  
MIAMI FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**01-0603063**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 21 AM 10:14

**55038553**



4121103 91059 013 150.00  
 CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRAGA, LAZARO  
4141 SW 6TH STREET  
MIAMI FL 33134**

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRAGA, LAZARO MD 809 CORAL WAY CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Fraga **5/12/03** **305-443-5031**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNIFORM BUSINESS REPORT