

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P02000026148

1. Entity Name  
ORMP CORPORATION, INC.



03-05-2003 90467 001 \*\*\*150.00  
03-05-2003 90467 002 \*\*\*\*\*8.75

Principal Place of Business  
3038 MICHIGAN AVE.  
KISSIMMEE FL 34744

Mailing Address  
3038 MICHIGAN AVE.  
KISSIMMEE FL 34744

2. Principal Place of Business  
624 WILKS AVE

3. Mailing Address  
~~3038~~ 624 WILKS AVE

Suite, Apt. #, etc.  
ORLANDO FL

Suite, Apt. #, etc.

City & State

City & State  
ORLANDO FL

Zip  
32809

Country  
USA

Zip  
32809

Country  
USA

4. FEI Number  
04 361 3224

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

DANZER, JACQUELINE E  
3038 MICHIGAN AVE.  
KISSIMMEE FL 34744

## 7. Name and Address of New Registered Agent

Name  
OSCAR RINCON  
Street Address (P.O. Box Number is Not Acceptable)  
624 WILKS AVE  
ORLANDO FL 32809  
City  
Orlando FL Zip Code  
32809

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINCON, OSCAR 3038 MICHIGAN AVE KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNOZ, MARIA E 3038 MICHIGANA AVE. KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 624 WILKS AVE ORLANDO FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>624 WILKS AVE</del> <del>ORLANDO, FL 32809</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 (407) 816-1220  
Date Daytime Phone #

CR2E034 (10/02)