

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90148 008 ***150.00

DOCUMENT # P02000044751

1. Entity Name
OROZ INVESTMENTS, INC.



Principal Place of Business
**4840 GLENN PINE LANE
BOYNTON BEACH FL 33436**

Mailing Address
**4840 GLENN PINE LANE
BOYNTON BEACH FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0678717

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OROZ, JELICA

~~**75 NE 6TH AVENUE SUITE 200**~~

~~**DELRAY BEACH FL 33483**~~

Name **OROZ JELICA**

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

4840 GLENN PINE LN

City **BOYNTON BEACH**

FL

Zip Code **33436**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **OROZ, JELICA**
STREET ADDRESS **75 NE 6TH AVENUE SUITE 200**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☒ Change ☐ Addition
NAME **OROZ JELICA**
STREET ADDRESS **4840 GLENN PINE LN**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☐ Delete
NAME **OROZ, FILIP**
STREET ADDRESS **75 NE 6TH AVENUE SUITE 200**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☒ Change ☐ Addition
NAME **OROZ FILIP**
STREET ADDRESS **4840 GLENN PINE LN**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OROZ JELICA

2-17-03 561-279-9885

Date

Daytime Phone #

UNIFORM
AV

CR2E034 (10/02)