

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90109 036 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046934		
1. Entity Name THE ORIENTAL INC.		
Principal Place of Business 2354 POST GARDEN WAY #408 BOCA RATON, FL 33433		Mailing Address 2354 POST GARDEN WAY #408 BOCA RATON, FL 33433
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent OLGUIN, GUSTAVO R 909 RICH DR #202 DEERFIELD BCH, FL 33440		4. FEI Number 54-2065385 Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		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 _____ (NOTE: Registered Agent's signature required when submitting) DATE _____		
FILE NOW WITH FEES \$150.00 After May 1, 2005 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 DPST BASILI, LUCAS M 2354 POST GARDEN WAY #408 BOCA RATON, FL 33433 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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)(1), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-01-03 Date Daytime Phone #

90069515



☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)