

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-03-2003 90471 047 ***158.75

DOCUMENT # P02000062421

1. Entity Name

ORENID CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9455 COLLINS AVENUE

Suite, Apt. #, etc.

703

City & State

MIAMI BEACH, FLORIDA

Zip

33154

Country

MIAMI-DADE

3. Mailing Address

9455 COLLINS AVENUE

Suite, Apt. #, etc.

703

City & State

MIAMI BEACH, FLORIDA

Zip

33154

Country

MIAMI-DADE

4. FEI Number

47-0875622

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LUCIA PASCOLO

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

9455 COLLINS AVENUE #703

City

MIAMI BEACH

FL

Zip Code

33154

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PASCOLO, LUCIA
9455 COLLINS AVENUE #703
MIAMI BEACH, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2003

(305) 934-3405
(305) 866-5236

Date

Daytime Phone #

CR2E034B (12/02)