

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079751

1. Entity Name
ORLANDO ENTERPRISES INC.



FILED

04 OCT 18 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1354 NW 24 AVE.
MIAMI FL 33125

Mailing Address
1354 NW 24 AVE.
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

743055556

Applied For
Not Applicable

Zip

Country

Zip

Country

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

OROZCO, ORLANDO
1354 NW 24 AVE.
MIAMI FL 33125

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

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 P
NAME OROZCO, ORLANDO
STREET ADDRESS 1354 NW 24 AVE.
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS 900041945039
CITY-ST-ZIP 10/18/04--01075--013 **400.00 ☐ Change ☐ Addition

TITLE V
NAME OROZCO, OLGA M
STREET ADDRESS 1354 NW 24 AVE.
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS 900041945039
CITY-ST-ZIP 10/18/04--01075--012 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.01(8)(b) 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 a name like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-04-2004 305-635-7248

Date

Daytime Phone #

CR2E034 (10/02)