

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90046 004 \*\*\*150.00

**DOCUMENT # P02000119520**

1. Entity Name  
**ORION REAL ESTATE INVESTMENT, INC.**



Principal Place of Business  
**5665 N.W. 36TH STREET  
MIAMI SPRINGS FL 33166**

Mailing Address  
**5665 N.W. 36TH STREET  
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

3. Mailing Address

**9901 SW 142 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

Country

**33186**

Country

4. FEI Number

**14-1855603**

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

**OSHINSKY, LEONARD ESQ.  
1150 EAST HALLANDALE BEACH BLVD, SUITE A  
HALLANDALE BEACH FL 33009**

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

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 **D PRESIDENT** ☐ Delete  
NAME **SHIHADAH, MARWAN**  
STREET ADDRESS **989 N.W. 155TH TERRACE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete  
NAME **SHIHADAH, NIDAL A**  
STREET ADDRESS **901 S.W. 189TH AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete  
NAME **SHIHADAH, MOHAMED**  
STREET ADDRESS **901 S.W. 189TH AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - SECRETARY** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V-PRESIDENT** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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 file 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 authority like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-09-2003**

CR2E034 (10/02)