

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09366

1. Entity Name

ISIPI PROPERTIES N.V.

Principal Place of Business

L.B. SMITHPLEIN 3
CURACAO. NETHERLANDS
ANTILLES

Mailing Address

% ORION INVESTMENT AND MANAGEMENT LTD.
9000 SW 152ND STREET, SUITE 106
MIAMI FL 33157-1941

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

98-0073865

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MD	<input type="checkbox"/> Delete
NAME	CORPORATE AGENTS N.V.	
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACAO	
CITY-ST-ZIP	NETHERLANDS, ANTILLES	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CORPORATE ASSISTANTS & MANAGERS, N.V.	
STREET ADDRESS	L.B. SMITHPLEIN 3, CURACAO	
CITY-ST-ZIP	NETHERLANDS, ANTILLES	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CHAMBERS, CHRISTOPHER	
STREET ADDRESS	31 CARSON ROAD	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Zenda Edwards, Managing Director of

April 20, 2000

4623700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Corporate Agents N.V. and Corporate Assistants and Managers N.V.

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CD06034 10/0001