

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 APR -6 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004844 (6)**

1. Corporation Name

UN BAY CORP.

Principal Place of Business

**5900 CASA DEL REY CIR.
ORLANDO FL. 32809
USA**

Mailing Address

**P.O. BOX 1650
WINDERMERE FL 34786
USA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1992

3a. Date of Last Report

2. Principal Place of Business

5900 CASA DEL REY CIR

2a. Mailing Address

P.O. BOX 1650

4. FBI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

ORLANDO FL.

City & State

WINDERMERE FL.

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

32809

Country

USA

Zip

34786

Country

USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JORGE L. ORCHILLES

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

5900 CASA DEL REY CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Jorge L. Orchilles

JORGE L. ORCHILLES

3/21/95

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

**P/D
FRANCISCO ORCHILLES
362 CROFTON DR.
OCFEE FL. 34761**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

**V/S/D
JORGE L. ORCHILLES
508 LAURENBURG LN.
OCFEE FL. 34761**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

**8000001451180
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****200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

**20A
4-6-95**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Jorge L. Orchilles

JORGE L. ORCHILLES

3/21/95 (407)363-0015

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number