

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-08-2000 90053 012 ***150.00

DOCUMENT # P93000023163

1. Entity Name

OREMOR EXPORT, INC.

Principal Place of Business

**790 N.W. 72ND ST.
MIAMI FL 33150**

Mailing Address

**790 NW 72ND STREET
MIAMI FL 33150-3613**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0410656

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

Name

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

City

FL

Zip Code

**MESA, LUIS F
790 N.W. 72ND STREET
MIAMI FL 33150**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	MESA, LUIS F	8213 NW 201 TERR.	MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	MESA, JOSE	8213 NW 201 TERR	MIAMI FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	RODIGO, VERA	8213 NW 201 TERR	MIAMI FL 33015	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MESA ANDRES	8213 NW 201 TERR	MIAMI, FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)