

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020186

1. Entity Name
ORION TRAVEL MANAGEMENT, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90124 007 ***150.00

Principal Place of Business
**1320 S DIXIE HWY
SUITE 264
CORAL GABLES FL 33146**

Mailing Address
**1320 S DIXIE HWY
SUITE 264
CORAL GABLES FL 33146**

2. Principal Place of Business
8924 SW 177 TER

3. Mailing Address
8924 SW 177 TER

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33157

Country
USA

4. FEI Number
65-0476968

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

**EVANS, SANDRA T
8924 SW 177 TERR
MIAMI FL 33157**

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 **SANDRA T. EVANS**
Sandra Evans **PRESIDENT**

March 2001

(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, 2001 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
PTD	EVANS, SANDRA T	8924 SW 177 TERR	MIAMI FL 33157	<input type="checkbox"/>
VD	EVANS, STEPHEN	8924 SW 177 TERR	MIAMI FL 33157	<input checked="" type="checkbox"/>
SD	EVANS, THEMBI	8924 SW 177 TERR	MIAMI FL 33157	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VSD	EVANS, ERROL	8924 SW 177 TERR	MIAMI FL 33157	<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: **SANDRA T. EVANS**
Sandra Evans

March 2001 **305-665-6966**

Date

Daytime Phone #

CR2E034 (10/00)