

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025380

1. Entity Name
ORLEANS, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90039 022 ***158.75

Principal Place of Business

2601 S. BAYSHORE DR.
STE 1250
MIAMI FL 33133
US

Mailing Address

2601 S. BAYSHORE DR.
STE 1250
MIAMI FL 33133
US

2. Principal Place of Business

3001 Ponce de Leon Blvd.
Suite, Apt. #, etc.
2102

3. Mailing Address

3001 Ponce de Leon Blvd.
Suite, Apt. #, etc.
2102

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number **65-0488193**

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

FREEMAN, ROBERT A
2601 S. BAYSHORE DR.
STE 1250
MIAMI FL 33133

Name **Wanda Pistella, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
3001 Ponce de Leon Blvd.
Suite 2102
City **Coral Gables, FL** Zip Code **33134**

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 Wanda Pistella, P.A. 3/16/01
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 **D** ☒ Delete
NAME **FREEMAN, ROBERT A**
STREET ADDRESS **2601 S BAYSHORE DR STE 1250**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Roberto A.F. Roberts**
STREET ADDRESS **2600 Douglas Road,**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Roberto A.F. Roberts 4/2/01 305-253-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)