

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025380

1. Entity Name  
ORLEANS, INC.

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90051 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3001 PNCE DE LEON BLVD #262 CORAL GABLES FL 33134 US		Mailing Address 3001 PNCE DE LEON BLVD #262 CORAL GABLES FL 33134 US	
2. Principal Place of Business 3001 Ponce de Leon Blvd. Suite, Apt. #, etc. 262		3. Mailing Address 3001 Ponce de Leon Blvd. Suite, Apt. #, etc. 262	
City & State Coral Gables, FL Zip 33134 Country USA		City & State Coral Gables, FL Zip 33134 Country USA	
4. FEI Number 65-0488193		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PISTELLA, WANDA PA 3001 PNCE DE LEON BLVD #262 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Wanda Pistella, P.A. Street Address (P.O. Box Number is Not Acceptable) 3001 Ponce de Leon Blvd. Suite 262 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 <u>Wanda Pistella</u> (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE <u>1/8/02</u>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD ROBERTS, ROBERTO A 2600 DOUGLAS ROAD #905 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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
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: <u>SIGNATURE</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/16/02</u> (305) 446-9200 Daytime Phone #	

CR2E034 (9/01)