2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000093809

1. Entity Name



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90087 026 ***150.00

JORGIE PORGIE, INC.	
Principal Place of Business 395 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS FL 33166	Mailing Address 395 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS FL 33166
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #. etc.

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		L LEBERGORY THE RENTY OLDER CORRES OF STATE OFFICE SERVING THE STATE STA			
				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0580457 Applied For			
				Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DE CARDENAS, JORGE 395 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS FL 33166			Name	Name			
			Stree	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
The above name the obligations of	ed entity submits this statem of registered agent.	nent for the purpose of changi	ng its registered office	or registered agent, or both, in the State of Florida. I am familiar with, and accept			

SIGNATURE .

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Trust Fund Contribution.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECT	Ope	44	
DD STATE OF THE ST		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE CARDENAS, JORGE		NAME	□ Ollango □ Nation
STREET ADDRESS	395 N. ROYAL POINCIANA BLVD.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166			
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	

12. 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 10 or Block 11 if chapter 607, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

alcounted SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

☐ Change

☐ Addition