

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097168

1. Entity Name
ORION TRADING CO.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90291 001 ***150.00

Principal Place of Business

**5400 RIVIERA DR.
MIAMI FL 33146**

Mailing Address

**5400 RIVIERA DR.
MIAMI FL 33146**

000400

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0649855**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEZZATINI, DANTE
5400 RIVIERA DR.
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

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

City

ST

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/01/01

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
PEZZATINI, DANTE
5400 RIVIERA DR.
CORAL GABLES FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PEZZATINI, FULVIO
5400 RIVIERA DR.
MIAMI FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RISPOLI, ROSA M
5400 RIVIERA DR.
MIAMI FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PEZZATINI, AGOSTINO
5400 RIVIERA DR.
MIAMI FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
PEZZATINI, ILARIA
5400 RIVIERA DR.
MIAMI FL 33129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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: *Dante Pezzatini* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/01

305-491-1797

CR2E034 (10/00)