

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90062 045 ***150.00

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1. Entity Name
ORION TRADING CO.



Principal Place of Business
**5400 RIVIERA DR.
MIAMI FL 33146**

Mailing Address
**5400 RIVIERA DR.
MIAMI FL 33146**

2. Principal Place of Business

298 NE 62 ST.

3. Mailing Address

298 NE 62 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33138

City & State

MIAMI FL

4. FEI Number

65-0649855

Applied For

Not Applicable

Zip

Country

33138 USA

Zip

Country

33138 USA

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

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

Name **DANTE PEZZATINI**

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

298 NE 62 ST

City **MIAMI**

FL

Zip Code **33138**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PSD** ☒ Change ☐ Addition
NAME **PEZZATINI DANTE**
STREET ADDRESS **298 NE 62 ST**
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **VD** ☒ Change ☐ Addition
NAME **PEZZATINI FULVIO**
STREET ADDRESS **298 NE 62 ST.**
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **R** ☒ Change ☐ Addition
NAME **REPEZZATINI**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME **PEZZATINI AGOSTINO**
STREET ADDRESS **298 NE 62 ST.**
CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **PEZZATINI ILARIA**
STREET ADDRESS **298 NE 62 ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 305-491-1797

CR2E034 (10/02)