2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000026863 DOCUMENT

1. Entity Name ORH, INC.



FILED May 06, 2003 8:00 am § Secretary of State

05-06-2003 90170 001 13,493.75

Principal Place of Business 2295 CORPORATE BOULEVARD NW STE 222 BOCA RATON FL 33431 2. Principal Place of Business			2295 (STE 2 BOCA	Mailing Address 2295 CORPORATE BOULEVARD NW STE 222 BOCA RATON FL 33431				337372				
2. Principal P	lace of Busine	\$S	3. Maii	3. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4 . F	4. FEI Number 65-0654630			oplied For ot Applicable	
Zip Country			Zip	<u>, </u>	Coun	Country		. Certificate of Status Desired \$8.75 Add Fee Require			litional	
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent				
						Name						
	RICK COMPA RPORATE BO				Street Address (P.O. Box Number is Not Acceptable)							
STE 222	TON EL 204					4F-8						
BOCA RATON FL 33431						City			FL	Zip Cod	e	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fina Trust Fund Contribution.			May Be I to Fees	
10. OFFICERS AND			D DIRECTO	DIRECTORS 1			AD	DITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11	
TITLE NAME Street address City-St-Zip	DPST HERRICK, NORTON 2295 CORPORATE BOULEVARD N BOCA RATON FL 33431			□ Delete		E IE EET ADDRESS '-ST-ZIP			[_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 RIDGEDAI	VAS Delete HERRICK, HOWARD 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927				+		☐ Change ☐ Addi				
TITLE NAME STREET ADORESS CITY-ST-ZIP		AICHAEL LE AVE STE 370 DLLS NJ 07927		☐ Delete						Change	☐ Addition	
TITLE Name Street address City-St-Zip	C KERMALLI, 2 RIDGEDAI	1-8 T		☐ Delete		i i			C	_] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					С	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP). 	oformation and the	ish ship 485-	☐ Delete	CITY-	ET ADDRESS -ST-ZIP	lia Caraira	19.07/3Vii Elorida Statutes I f		Change	Addition	

I nereby derruiy (nat the information supplied with this filing does not quality 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 appeared 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 appeared. Pres

SIGNATURE:

Daytime Phone #