

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000064904**1. Entity Name
ORBINET, INC.**Principal Place of Business**801 BRICKELL AVE
942
MIAMI
33131

FL

US

Mailing Address801 BRICKELL AVE
942
MIAMI
33131

FL

US

2. Principal Place of Business

16555 NW 13TH AVE

3. Mailing Address

16555 NW 13TH AVE

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33169

Country

US

Zip

33169

Country

US

4. FEI Number**65-0687427**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSILVA JAIME A
801 BRICKELL AVE #942MIAMI
33131

FL

7. Name and Address of New Registered Agent

Name

SILVA JAIME A

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

16555 NW 13TH

101

City
MIAMI

FL

Zip Code
33169

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 **JAIME SILVA**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

DATE

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 SVD ☐ Delete
NAME CARRIZOSA ALBERTO
STREET ADDRESS 5302 S.W. 89TH AVE.
CITY-ST-ZIP MIAMI FL 33165TITLE PTD ☐ Delete
NAME SILVA JAIME A
STREET ADDRESS 7640 N., 25TH ST. SUITE 109
CITY-ST-ZIP MIAMI FL 33122TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PTD ☒ Change ☐ Addition
NAME SILVA JAIME A
STREET ADDRESS 16555 NW 13TH AVE
CITY-ST-ZIP MIAMI FL 33169TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Jaime A. Silva**

Ptd

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)