2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000071935**

1. Entity Name

ORION INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2565 NW 107 AVE MIAMI FL 33172	2565 NW 107 AVE MIAMI FL 33172

FILED

00 NOV -2 PH 12: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT DO NOT WRITE IN THIS SPACE 00

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 65-0692176 3 / Applied For / Not Applicable
Zip	Country	Zip	Country	**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**
SUAREZ, JOSE A 2565 NW 107 AVE MIAMI FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _Jose A. S~_ JOSE A. SUAREZ 10/13/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $550.00** After SEPTEMBER 13, 2000 Min. will be $750.00 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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SUAREZ, JOSE A STREET ADDRESS 981 SAN PEDRO AVE CITY-ST-ZIP CORAL GABLES FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4000003456504---0 -11/07/00--01140--027 ****750.00 ****750.00
TITLE V NAME ROOS, FRED STREET ADDRESS 10805 SW 88TH COURT CITY-ST-ZIP MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: _SIGNATURA REQUIRE_ JOSE A. SUAREZ 10/13/0 477 4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)