

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089975

1. Entity Name

AMAZONIA ORCHIDS, INC.

Principal Place of Business

17899 SW 280TH ST.
HOMESTEAD FL 33032

Mailing Address

17899 SW 280TH ST.
HOMESTEAD FL 33032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAHIZ, CARLOS
17899 SW 280TH ST.
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent

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

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 \$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
DP
CAHIZ, CARLOS
17899 SW 280TH ST.
HOMESTEAD FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CAHIZ, CARLOS A
17899 SW 280TH ST.
HOMESTEAD FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CAHIZ, CRISTIAN J
17899 SW 280TH ST.
HOMESTEAD FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CAHIZ, AXEL H
17899 SW 280TH ST.
HOMESTEAD FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SM
FOLLIARD, KEVIN
17899 SW 280TH STREET
HOMESTEAD FL 33032 ☐ 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
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90505 046 ***150.00

AU030303



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0703459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

03-05-01 (325) 248-6557