

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90004 008 ***150.00

DOCUMENT # P96000094925					
1. Entity Name ORION AMERICA TRADERS, INC.					
Principal Place of Business 6301 Biscayne Blvd. # 114 Miami, FL 33138			Mailing Address 6301 Biscayne Blvd. # 114 Miami, FL 33138		
2. Principal Place of Business 5161 Collins Ave. Suite, Apt. #, etc. # 908			3. Mailing Address 5161 Collins Ave. Suite, Apt. #, etc. # 908		
City & State Miami Beach, FL Zip 33140 Country US		City & State Miami Beach, FL Zip 33140 Country US		4. FEI Number 65-0709438	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent Baioni, Gianfranco 100 North Biscayne Boulevard # 1717 Miami, FL 33132			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 _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable _____ 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, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
			10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	Baioni, Gianfranco	NAME			
STREET ADDRESS	5161 Collins Ave. # 908	STREET ADDRESS			
CITY- ST- ZIP	Miami Beach, FL 33140	CITY- ST- ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	Quondancarlo, Monica	NAME			
STREET ADDRESS	5161 Collins Ave. # 908	STREET ADDRESS			
CITY- ST- ZIP	Miami Beach, FL 33140	CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a), 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: <i>Gianfranco Baioni</i>			305-865-1377		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04 05 -00		