2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000000573** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name ORION CLOTHING, INC. 04-13-2000 90116 025 ***150.00 Mailing Address Principal Place of Business 3300 NW 114 ST 3300 NW 114 ST MIAMI FL 33167-3321 MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0725848 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAKO, ELI Street Address (P.O. Box Number is Not Acceptable) 3300 NW 114 ST MIAMI FL 33167 City Zip Code FL 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME ELIMELECH, RONEN NAME STREET ADDRESS STREET ADDRESS 3300 NW 114 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33167 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TAKO, ELI NAME 3300 NW 114 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33167** ☐ Addition TITLE ☐ Change ☐ Delete TITLE TAKO, MORDEHAY NAME NAME STREET ADDRESS STREET ADDRESS 3300 NW 114 ST CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33167** VF0 CFO Change Change ☐ Addition ☐ Delete TITLE SILVERBERG, DAN NAME NAME STREET ADDRESS STREET ADDRESS 3300 NW 114 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33167** ☐ Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 employer of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)