

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000000573**

1. Entity Name

ORION CLOTHING, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90245 006 ***150.00

0210844

Principal Place of Business 3300 NW 114 ST MIAMI FL 33167	Mailing Address 3300 NW 114 ST MIAMI FL 33167
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0725848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**TAKO, ELI
3300 NW 114 ST
MIAMI FL 33167****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	V	<input type="checkbox"/> Delete
NAME	ELIMELECH, RONEN	
STREET ADDRESS	3300 NW 114 ST	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE	P	<input type="checkbox"/> Delete
NAME	TAKO, ELI	
STREET ADDRESS	3300 NW 114 ST	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE	ST	<input type="checkbox"/> Delete
NAME	TAKO, MORDEHAY	
STREET ADDRESS	3300 NW 114 ST	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE	CFO	<input type="checkbox"/> Delete
NAME	SILVERBERG, DAN	
STREET ADDRESS	3300 NW 114 ST	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RAPI TAL-EL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P.	
STREET ADDRESS	3300 NW 114 ST	
CITY-ST-ZIP	MIAMI, FL 33167	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN SILVERBERG, CFO**4-13-01 305-688-7428**

Date

Daytime Phone #

CR2E034 (10/00)