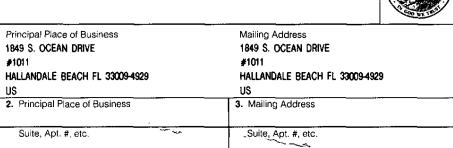
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1. Entity Name

P97000012035

RORIN	<b>ENTERPRISES</b>	LIMITED	INC
אווסטח	CIVIENTAIOCO		IIVO.



**FILED** May 01, 2003 8:00 am § Secretary of State

05-01-2003 90209 033 \*\*\*150.00

#1011 HALLANDALE BEACH FL 33009-4929 US 2. Principal Place of Business		#1011 Halla US	#1011 HALLANDALE BEACH FL 33009-4929 US  3. Mailing Address						
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State		4.	4. FEI Number 65-0726435 Applied For Not Applicable			
Zip		Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 Fee Requ	Additional
	6. Name	and Address of Currer	t Registere	d Agent		7.	Name and Address of New Regis	stered Agent	
AMERILAWYER CHARTERED 1849 S. OCEAN DRIVE			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1011 HALLANDALE FL 33009-4929					City		· · · · · · · · · · · · · · · · · · ·	FL Zip C	
	tions of regist				egistered office o		gent, or both, in the State of Florida	r <u>L</u>	
After	r May 1, 200	! FEE IS \$150.00 33 Fee will be \$550.00 Florida Department					Election Campaign Financ     Trust Fund Contribution.	☐ Áde	5.00 May Be ded to Fees
10.		OFFICERS AN	D DIRECTO	RS	11.	A	DDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OBERT E CEAN DR #1011 ALE FL 33009-4929		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		j	☐ Chang	ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge Addition

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** 

Daytime Phone #