

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90015 029 ***150.00

DOCUMENT # P97000046885

1. Entity Name

ORLANDO DISCOUNT SERVICES, INCORPORATED

Principal Place of Business

687 JAMESTOWN BLVD. SUITE 1005
ALTAMONTE SPRINGS FL 32714-4633

Mailing Address

687 JAMESTOWN BLVD. SUITE 1005
ALTAMONTE SPRINGS FL 32714-4633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3449419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORINKAWITZ, MIRIAM

2113 LAKE DEBRA DRIVE #1914
ORLANDO FL 32835

Name

MIRIAM ORINKAWITZ

Street Address (P.O. Box Number is Not Acceptable)

687 JAMESTOWN BLVD #1005
City ALTAMONTE SPRINGS FL Zip Code 32714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME ORINKAWITZ, MIRIAM
STREET ADDRESS 2113 LAKE DEBRA DRIVE, #1914
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ORINKAWITZ, MARK A
STREET ADDRESS 2113 LAKE DEBRA DRIVE #1914
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

MIRIAM ORINKAWITZ

Date

Daytime Phone #

MIRIAM ORINKAWITZ 03/20/01 682-8878

CR2E034 (10/00)