

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052801

1. Entity Name

ORLEANS GROUP INTERNATIONAL, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90051 014 ***150.00

Principal Place of Business

932 CLINT MOORE RD
BOCA RATON FL 33487
US

Mailing Address

932 CLINT MOORE RD
BOCA RATON FL 33487-2801
US

2. Principal Place of Business

751 PARK OF COMMERCE DR.

3. Mailing Address

751 PARK OF COMMERCE DR.

Suite, Apt. #, etc.

#120

Suite, Apt. #, etc.

#120

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33487

Country

USA

Zip

33487

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0760824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2000 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 VTD
NAME MOSCOVITCH, RONALD
STREET ADDRESS 932 CLINT MOORE RD
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE PSD
NAME CHOCRON, GABRIEL
STREET ADDRESS 932 CLINT MOORE RD
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME MOSCOVITCH, RONALD ☒ Change ☐ Addition
STREET ADDRESS 751 PARK OF COMMERCE DR #120
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME CHOCRON, GABRIEL ☒ Change ☐ Addition
STREET ADDRESS 751 PARK OF COMMERCE DR #120
CITY-ST-ZIP BOCA RATON, FL 33487

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-989-3771

CR2E034 (9/99)