

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069748

1. Entity Name

ORMES ESTATE INVESTMENTS, CORP.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90032 043 \*\*\*150.00

Principal Place of Business

77 HARBOR DRIVE  
SUITE 141  
KEY BISCAYNE FL 33149

Mailing Address

77 HARBOR DRIVE  
SUITE 141  
KEY BISCAYNE FL 33149-1411

2. Principal Place of Business

77 Harbor Drive

3. Mailing Address

77 Harbor Drive

Suite, Apt. #, etc.

PMB # 141

Suite, Apt. #, etc.

PMB # 141

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149-1411

Country

US

Zip

33149-1411

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0773984

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESA, MARIA A  
77 HARBOR DRIVE  
SUITE 141  
KEY BISCAYNE FL 33149

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 PD ☐ Delete  
NAME MESA, MARIA A  
STREET ADDRESS 77 HARBOR DR, STE 141  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ Delete  
NAME ORTIZ, MARTHA R  
STREET ADDRESS 77 HARBOR DR, STE 141  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

MARIA A. MESA

MARIA A. MESA 4-3-2000 305-534-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)