

# 2002 UNIFORM BUSINESS REPORT (UBR).

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90107 002 \*\*\*158.75

**DOCUMENT # P97000069748**

1. Entity Name

**ORMES ESTATE INVESTMENTS, CORP.**

Principal Place of Business

**1500 BAY ROAD  
 #378  
 MIAMI BEACH FL 33139  
 US**

Mailing Address

**1521 ALTON ROAD  
 #412  
 MIAMI BEACH FL 33139  
 US**

2. Principal Place of Business

**1674 Bay Road**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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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  
 1500 BAY ROAD  
 #378  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **MARIA A. MESA**

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

**1674 Bay Road**

**APT 203**

City **MIAMI BEACH**

**FL**

Zip Code **33139**

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

*Maria A. Mesa* **President**

**4-23-02**

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, 2002 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 **P** ☐ Delete  
 NAME **MESA, MARIA A**  
 STREET ADDRESS **1500 BAY ROAD #378**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VD** ☐ Delete  
 NAME **ORTIZ, MARTHA R**  
 STREET ADDRESS **1500 BAY ROAD #378**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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  
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TITLE ☐ Change ☐ Addition  
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 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**

**4-23-02**

**305-538-5595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)