

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90365 012 ***150.00

DOCUMENT # P97000070007

1. Entity Name: **ORCASIA CORP**

Principal Place of Business: **1184 SOUTHWEST 18TH STREET BOCA RATON FL 33486**

Mailing Address: **1184 SOUTHWEST 18TH STREET BOCA RATON FL 33486-6762**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0774171** 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: **Robert J. Banuchi DC** Street Address: **9342 KETAY CIRCLE** City: **BOCA RATON FL** Zip Code: **33428**

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]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: **4-28-00**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD secretary	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BANUCHI, MICHAEL A		NAME: BANUCHI, Robert J	
STREET ADDRESS: 1184 SOUTHWEST 18TH STREET		STREET ADDRESS: 9342 KETAY CIRCLE	
CITY-ST-ZIP: BOCA RATON FL 33486		CITY-ST-ZIP: BOCA RATON FL 33428	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: [Blank]		NAME: BANUCHI, KARIN	
STREET ADDRESS: [Blank]		STREET ADDRESS: 9342 KETAY CIRCLE	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: BOCA RATON, FL 33428	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4-28-00** 561-966-1775 Daytime Phone #

CR2E034 (9/99)