2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000105619 **DOCUMENT #**

1. Entity Name

THE ORION COLLECTION CORPORATION

FILED May 21, 2003 8:00 am § Secretary of State

05-21-2003 90187 011 ***150.00

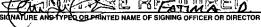
THE OTH	or collection com on	THO N		7			
Principal Place of Business 7050 NW 77 CT MIAMI FL 33166		Mailing Address 7050 NW 77 CT MIAMI FL 33166					
-							
2. Principal f	Place of Business	3. Mailing Address			#### #### ####		
Suite, Apt. #, etc. Suite, Apt. #, etc.				-			
Suite, Apt	. #, e(C.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	3 CHANGES		
City & State		City & State		4. FEI Number 65-0354396	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional		
<u> </u>	S. Name and Address of Coursell	Paulatavad 6 aast	<u> </u>		Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	Agent		
FREITAS,	FILIPE						
7050:NW	77 CT		Street Address	(P.O. Box Number is Not Acceptable)			
MIAMI FL	33166						
, ~••			City	FL	Zip Code		
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am	<u>- </u>		
	tions of registered agent.			•	·		
SÏGNAȚURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS	FREITAS, FATIMA D 7050 NW 77 CT		NAME STREET ADDRESS		(
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		}		
TITLE	D	☐ Delete	TITLE		Change Addition		
NAME	FREITAS, GONCALO		NAME]		
STREET ADDRESS CITY-ST-ZIP	7050 NW 77 CT		STREET ADDRESS CITY-ST-ZIP				
TITLE	MIAMI FL 33166	Delete			☐ Change ☐ Addition		
NAME	DEFREITAS, MARIA H	□ \\ \text{Officie}	NAME		Onlarige Addition		
STREET ADDRESS	7050 NW 77 CT	•	STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS		{		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	-	□ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS	1		STREET ADDRESS				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



APRIL.