

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108565

1. Entity Name
ORINOCO U.S.A., INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90005 013 ***150.00

Principal Place of Business

632 HELM WAY E
CASSELBERRY FL 32707
US

Mailing Address

632 HELM WAY E
CASSELBERRY FL 32811-3110
US

2. Principal Place of Business

7625 TREASURE ISLAND

Suite, Apt. #, etc.

CT.

City & State
ORLANDO FLORIDA

Zip

32835

Country

E.U.U.

3. Mailing Address

7625 TREASURE

Suite, Apt. #, etc.

ISLAND CT

City & State
ORLANDO FLORIDA

Zip

32835

Country

E.U.U.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3498551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORO, DE G MARIA
1829 WHITNEY WAY, APT. 101
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name TORO DE G. MARIA

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

7625 TREASURE ISLAND CT

City ORLANDO

FL

Zip Code 32835

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 NAME STREET ADDRESS CITY-ST-ZIP	D GAMERO, HERNAN J 1829 WHITNEY WAY, APT. 101 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORO DE GAMERO, MARIA T 1829 WHITNEY WAY, APT. 101 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORO, ARACELYS C 632 E HELMWAY CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAMERO HERNAN J 7625 TREASURE ISLAND CT. ORLANDO FLORIDA 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORO DE GAMERO MARIA T 7625 TREASURE ISLAND CT. ORLANDO FLORIDA 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORO ARACELYS C. 458 CREEKWOOD DR. ORLANDO FLORIDA 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-29-00

Date

Daytime Phone #

CR2E034 (9/99)