## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P98000026417 May 15, 2000 8:00 am **Secretary of State** ORFRED, INC. 05-15-2000 90270 009 \*\*\*150.00 Principal Place of Business Mailing Address 1110 NE 18 AVE 1110 NE 18 AVE FT. LAUDERDALE FL 33304-2410 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0821327 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLT, ROBERT F JR. Street Address (P.O. Box Number is Not Acceptable) 1110 NE 18 AVE FT. LAUDERDALE FL 33304 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition **CEOP** ☐ Change TITLE ☐ Delete TITLE HOLT, ROBERT F JR. NAME STREET ADDRESS STREET ADDRESS 1110 NE 18 AVE CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Change Addition ☐ Delete TITLE TITLE NAME DEITER. JEFFREY NAME 707 20TH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Change ☐ Addition Delete TITLE TITLE NAME EMERSON, TIMOTHY NAME STREET ADDRESS STREET ADDRESS 704 NE 23RD DR #2 CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 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 12 in changed, or on an attachment with an address, with all other like empowered.