2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am DOCUMENT # P98000038761 **Secretary of State** 1. Entity Name ORJIDAS, INC. 03-16-2001 90004 025 ***150.00 Principal Place of Business Mailing Address 1953 BONANZA COURT 1953 BONANZA COURT WINTER PARK FL 32792 WINTER PARK FL 32792 00025676 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3513780 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent ___7. Name and Address of New Registered Agent ... RIOS, ELADIO Street Address (P.O. Box Number is Not Acceptable) 1953 BONANZA CT WINTER PARK FL 32792 Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. 11. TITLE ☐ Change Addition TITLE ☐ Delete RIOS, ELADIO O NAME NAME 1953 BONANZA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAQUETTY-RIOS, GLORIA E NAME NAME STREET ADDRESS 1953 BONANZA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Delete TITLE ~ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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 3-14-01 Date SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAM

OF SIGNING OFFICER OR DIRECTOR