FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P9800006 ORIZON INC.	61061	•		Jan 19, 200 Secretary 01-19-2001 90040	of Sta	ate		
Principal Plac	ce of Business	Mailing Address		\dashv					
5460 W. 21 CT. #109 HIALEAH FL 33016		5480 W. 21 CT. #109 HIALEAH FL 33016			604736				
a B	The state of the s	O. 64-9' Add							
2. Principal Place of Business		3. Mailing Address						l i	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPACE			
City & State		City & State		4. FE	65-0849668		Applied F	_	
Zip	Country	Zip	Country	5 . Co	ertificate of Status Desired	□ \$8.75	5 Additional		
	6. Name and Address of Current Re	egistered Agent		7. Na	ame and Address of New Reg				
DIAZ, ANNARELLA 5460 W. 21 CT. #109 HIALEAH FL 33016				Name Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip	Code	\dashv	
Tax filing	Signature, typed or printed name of registered agent and cration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!!	Pegistered Agent signature requirements PEE IS \$150.00 Tee will be \$550.00 To Department of S	5	Election:Campaign Finance Trust Fund Contribution.	·	\$5.00 May Added to Fee		
11.	OFFICERS AND DI		12.	ADD	DITIONS/CHANGES TO OFFICE			\square	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS DIAZ, ANNARELLA 5460 W. 21CT #109 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	aange □ Ad	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange Ad	dition	
TITLE NAME STREET-AODRESS* CITY-ST-ZIP	N. N. ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	The same of the sa	□ Ch	ange Ad	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🗌 Ad	dition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •		☐ Ch	ange 🗌 Ad	dition	
indicated of the cor	certify that the information supplied with the lon this report or supplemental report is to portation or the receiver or trustee empow.	ue and accurate and that me ered to execute this report a	v signature shall have th	ie same le	gal effect as if made under oath	n: that I am an c	officer or direct	ctor	