2002 UNIFORM BUSINESS REPORT (UBR)

P98000072771 **DOCUMENT #** 1. Entity Name

ORMAS, INC.

Principal Place of Business

Mailing Address

FILED Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90209 001 ***750.00

4548 NO. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308		4548 NO. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308				1 1001100	1 11 8 1818 1 (813) 8 1	.	1 88 111 1 81	11 0 1101(200)	1 (830) (181 188)		
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.	4. FEI Number 65-0858905				Applied For Not Applicable			
Zip	Country		Zip	Country			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of N	ew Registe	ered Ag	ent		
DICUING LADDY W					Name								
Bishins, Larry V 4548 no. Federal Highway			Street Add			dress (P.O. I	ess (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE FL 33308													
			City				- -	FL	Zip Cod	le			
SIGNATURE		name of registered agent and	ne purpose of changing its		ed office or re			in the State of		ATE			
Tax filing (See criter	oration is eligible to s requirement and elec- ria on back)	ets to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of S			0.00		ion Campaig Fund Contrib		9 🗆	\$5.0 Added	May Be	
11.		OFFICERS AND DIF		12.		AD	DITIONS/C	HANGES TO	OFFICERS	AND D	RECTOR	S IN 11	
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NAME MASTERS, ALBERT STREET ADDRESS 3111 UNIVERSITY DR.				NAM	ET ADDRESS								
CITY-ST-ZIP FT. LAUDERDALE FL 33365				ll .	ST-ZIP								
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CITY-ST-ZIP				II	ST-ZIP							1	
13. I hereby co	ertify that the informa	tion supplied with this	filing does not qualify for the	he exen	ption stated	in Section 1	19.07(3)(i), F	Florida Statute	es. I furthe	certify	that the in	formation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR