

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90003 006 ***150.00

DOCUMENT # P99000007081

1. Entity Name
ORAI DA APARTMENTS I, INC.



Principal Place of Business
1822 SW 99 PLACE
MIAMI, FL 33165

Mailing Address
1822 SW 99 PLACE
MIAMI, FL 33165

50059895

2. Principal Place of Business

3. Mailing Address

901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6006

07282005

Chg-P

CR2E034 (10/03)

City & State

City & State

Coral Gables FL

4. FEI Number

65-0899048

Applied For

Not Applicable

Zip

Country

Zip

33134

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELENZ, ORLANDO
1822 SW 99 PLACE
MIAMI, FL 33165

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MENDEZ, ORLANDO
STREET ADDRESS 1822 SW 99 PLACE
CITY-ST-ZIP MIAMI, FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP
NAME MENDEZ, AIDA F
STREET ADDRESS 1822 SW 99 PLACE
CITY-ST-ZIP MIAMI, FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #