

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90196 040 \*\*\*150.00

**DOCUMENT #** P99000011587

**1. Entity Name**

ORDAN PRODUCTS, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
2121 N.E. 206TH STREET N.MIAMI BEACH FL 33179	2121 N.E. 206TH STREET N.MIAMI BEACH FL 33179

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
2121 N.E. 206TH STREET Suite, Apt. #, etc.	2121 N.E. 206TH STREET Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
N. MIAMI BEACH, FL	N. MIAMI BEACH, FL
<b>Zip</b>	<b>Country</b>
33179	USA

<b>4. FEI Number</b>	<b>Applied For</b>
65-0904872	Not Applicable

<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

SIMON EHRLICH  
21224 HARBOR WAY #232  
AVENTURA, FL 33180

**7. Name and Address of New Registered Agent**

Name  
SIMON EHRLICH  
Street Address (P.O. Box Number is Not Acceptable)  
2121 N.E. 206TH STREET  
City  
N. MIAMI BEACH FL Zip Code  
33179

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)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$160.00**  
**After MAY 1, 2000 Fee will be \$650.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
PRESIDENT	
SIMON EHRLICH	
2121 N.N 206TH STREET	
N. MIAMI BEACH, FL 33179	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<b>Change</b> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #