2002	2 UNIFORM BUS	SINESS REPO	3)	FILED Jan 10, 2002 8:00 am					
DOCU	MENT # <b>P990</b>	00020284				Secretar	v of Sta	te	0321020
•	ORA COLLECTION, INC.						002 008 ***150.0		*
Principal Plac	e of Business	Mailing Address							
4651 SW 51ST	T ST.	4651 SW 51ST ST.					00404		
807	••	807					90124	4	
DAVIE FL 333	14	DAVIE FL 33314					<b>                                    </b>		
2. Principal P	lace of Business BOX 29 - 2770	3. Mailing Address	770			{		<b>                                    </b>	
<u>γ.υ.</u>	DOX 29-27/10	P.o.B. 292 Suite. Apt. #, etc.	110			DO NOT WOLT	- IN THE COACE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WHITE	E IN THIS SPACE		
	City & State Davie Florida Davie FL				4.	FEI Number <b>65-0898740</b>	<del></del>	pplied For ot Applicable	
33329-	2770 Country	33329-2770	Count	ry A	5.	Certificate of Status Desired	S8.75 Ac		
00001	6. Name and Address of Curre				7.	Name and Address of New Re	egistered Agent		1
				_Name	John	F. MAITLAN	d		-
FARRINGTON, M.C.				Street Address (P.O. Box Number is Not Acceptable)					
	87TH AVENUE		ŀ	-	48 10	E. OAKLAND	12100		ł
? PEMBRUR	(E PINES FL 33025			City			- Zin Cor	40	
				City Fe	ort ho	rudondale_	FL zzg	306	
_	named entity submits this statement	for the purpose of changing its re	egistere	d office or	registered a	gent, or both, in the State of Flor	rida.		
-L*	- ha o	-50				J	10 7 2003	<b>ኢ</b>	
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE:	Registered	Agent signatu	ire required when	reinstating)	DATE	<del>-</del> -	
9. This corpo	oration is eligible to satisfy its Intangit	FEE	FEE IS \$150.00		10. Election Campaign Fina	enging OF (	20		
				Fee will be \$550.00 to Department of Sta		Trust Fund Contribution		00 May Be d to Fees	
11.	,	ID DIRECTORS	12.	partment		DDITIONS/CHANGES TO OFFIC	CEDS AND DIDECTOR	29 IN 11	-
TITLE	TREA	Delete	TITLE		5/7 (	SECRETARY Tre		Addition	ਓ
NAME	FARRINGTON, MYLES C	_ 3333	NAME	:		Land, John F	,	<b>/</b> \	(6)
STREET ADDRESS	1410 SW 87TH AVENUE			T ADDRESS ST-ZIP	2870	E OAKLAND BIV	D·		ĝ
CITY-ST-ZIP	PEMBROKE PINES FL 33025	Delete	TITLE	51-2IP	FT. L.	Andadale, FL	<u>333<i>06</i></u>	Addition	CR2E034 (9/01)
TITLE NAME		☐ Delete	NAME				Change		
STREET ADDRESS	ESS COLUMN TO THE PROPERTY OF			T ADDRESS					
CITY-ST-ZIP	ET Connect of	=L 33306	-	ST-ZIP		******			1
TITLE NAME	*.	☐ Delete	TITLE			ement was after semples of	Change	Addition.	
STREET ADDRESS				T ADDRESS					
CITY CT 7ID				CT_ 7IP					ĺ

13. Thereby 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 a other like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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