

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028527

1. Entity Name

ORBITAL ENTERPRISES, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90051 022 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1500 BAY ROAD~~  
~~#739~~  
~~MIAMI FL 33139~~

~~1500 BAY ROAD~~  
~~#739~~  
~~MIAMI FL 33154-1422~~

2. Principal Place of Business

**1440 J.F. Kennedy Causeway**  
Suite, Apt. #, etc.  
**#207**

3. Mailing Address

**1440 J.F. Kennedy Causeway**  
Suite, Apt. #, etc.  
**#207**

City & State  
**North Bay Village, FL**  
Zip  
**33141** Country  
**USA**

City & State  
**North Bay Village, FL**  
Zip  
**33141** Country  
**USA**

4. FEI Number  
**65-0924862**

Applied For  
Not Applicable

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

**SANTANDER, FLAVIO**  
**1500 BAY ROAD**  
**#739**  
**MIAMI FL 33139**

Name  
**Santander, Flavio**  
Street Address (P.O. Box Number is Not Acceptable)  
**6020 North Bay Road**  
City **Miami Beach** FL Zip Code **33140**

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 **x Flavio E. Santander L.**

03-21-00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTANDER, GUSTAVO 1500 BAY ROAD MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SANTANDER, FLAVIO 1500 BAY ROAD MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAQUILON, HUMBERTO 1500 BAY ROAD MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>SANTANDER, GUSTAVO</b> <b>17050 NORTH BAY RD #605</b> <b>SUNNY ISLE BEACH 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **x Flavio E. Santander L.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/00 (305)864-6660  
Date Daytime Phone #

CR2E034 (9/99)