

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90077 035 ***150.00

DOCUMENT # P99000028527

1. Entity Name

ORBITAL ENTERPRISES, INC.

Principal Place of Business

1440 JFK CAUSEWAY
#207
NORTH BAY VILLAGE FL 33141

Mailing Address

1440 JFK CAUSEWAY
#207
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0924862

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANDER, FLAVIO
6020 NORTH BAY RD
MIAMI BEACH FL 33140

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.

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 \$150.00
After MAY 1, 2001 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 P
NAME SANTANDER, GUSTAVO ☐ Delete
STREET ADDRESS 17050 NORTH BAY RD., #605
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE S
NAME SINISTERRA, TOMAS ☐ Change ☒ Addition
STREET ADDRESS 814 SAN REMO DR.
CITY-ST-ZIP Weston, FL, 33326

TITLE VSD
NAME SANTANDOR, FLAVIO ☐ Delete
STREET ADDRESS 1500 BAY ROAD
CITY-ST-ZIP MIAMI FL 33139

TITLE H
NAME GONZALEZ, ROBERT ☐ Change ☒ Addition
STREET ADDRESS 18730 NW 24th
CITY-ST-ZIP Pembroke Pines, FL, 33029

TITLE TD ☒ Delete
NAME MAQUILON, HUMBERTO
STREET ADDRESS 1500 BAY ROAD
CITY-ST-ZIP MIAMI FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/01

Date

(305) 864-6660

Daytime Phone #

CR2E034 (10/00)