

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90013 003 ***550.00

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

**910 NORTH SHORE DR
 Suite, Apt. #, etc.**

3. Mailing Address

**910 NORTH SHORE DR
 Suite, Apt. #, etc.**

City & State

Miami Bch FL

City & State

Miami Bch FL

4. FEI Number

65-0924862

Applied For

Not Applicable

Zip

33141

Country

Miami Bch

Zip

33141

Country

Miami Bch

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANTANDER, FLAVIO
 6020 NORTH BAY RD
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☐ Delete
 NAME **SANTANDER, GUSTAVO**
 STREET ADDRESS **17050 NORTH BAY RD., #605**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

TITLE **S** ☒ Delete
 NAME **SINISTERRA, TOMAS**
 STREET ADDRESS **814 SAN REMO DR**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **M** ☒ Delete
 NAME **GONZALEZ, ROBERT**
 STREET ADDRESS **18730 NW 24TH PL**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 #

CR2E034 (9/01)