

5/27

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-27-2002 90325 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 0000 45 243

1. Entity Name

Orteli, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18671 Collins Ave

3. Mailing Address

12605 SW 93rd PL

Suite, Apt. #, etc.

Apt #1804

Suite, Apt. #, etc.

Miami, Florida

City & State

Miami, Florida

City & State

Zip

33160

Country

Zip

33176

Country

4. FEI Number

65-0926215

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Arazoza + Fernandez, Fraga PA.

Street Address (P.O. Box Number is Not Acceptable)

2100 Salzedo St. Suite 300

City

Coral Gables

FL

Zip Code

33134

DO NOT WRITE
IN THIS SPACE

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 resigning)

06/10/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Cortopelle, Giuseppe
18671 Collins Ave, Apt 1804
Miami, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
De Cortopelle, Esperanza
18671 Collins Ave, Apt 1804
Miami, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Esperanza de Cortopelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

305-971-2911

Daytime Phone #

CR250348 (12/01)