

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055094

1. Entity Name

ORANGEASY CORP.

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90047 005 \*\*\*150.00

Principal Place of Business  
7000 WEST PALMETTO PARK ROAD  
SUITE 200  
BOCA RATON FL 33433

Mailing Address  
7000 WEST PALMETTO PARK ROAD  
SUITE 200  
BOCA RATON FL 33433

00030897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
700 S. Federal Hwy.  
Suite 200-SZG  
Boca Raton, FL 33432

4. FEI Number NOT APPLICABLE  
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

GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD  
SUITE 200  
BOCA RATON FL 33433

Name  
Street Ad Garellek, Steven  
700 S. Federal Hwy., Suite 200  
Boca Raton, FL 33432  
City p 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GIDEAU, RAYMOND 4994 BAYVIEW TERRACE PIERRE FONDS, QUEBEC H8-42E3			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 (10/00)