

2001 UNIFORM BUSINESS' REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90035 023 ***150.00

DOCUMENT # P99000055188

1. Entity Name

ORMASA INTERNATIONAL CORP.

Principal Place of Business

**777 NW 72ND AVENUE
 SUITE 1CC40
 MIAMI FL 33126**

Mailing Address

**777 NW 72ND AVENUE
 SUITE 1CC40
 MIAMI FL 33126**

2. Principal Place of Business

777 NW 72 AV.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 1CC28

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0929529

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TAZOE, MARIA D
 9421 FONTAINEBLEAU BLVD.
 #104
 MIAMI FL 33172**

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, 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

TITLE **PD** ☐ Delete
 NAME **TAZOE, MARIA D**
 STREET ADDRESS **9421 FONTAINEBLEAU BLVD. #104**
 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **ORLANDO SANZ**
 STREET ADDRESS **9421 FONTAINEBLEAU BLVD #104**
 CITY-ST-ZIP **MIAMI, FL 33172**

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

TITLE ☐ Change ☐ 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)(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 (10/00)