

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 09, 2000 8:00 am  
Secretary of State  
05-09-2000 90015 008 \*\*\*150.00

DOCUMENT # P99000080761  
Entity Name  
ORTHSTAR USA, INC

B0085243

1. Principal Place of Business  
118 W Orange St  
Altamonte Spg, FL 32714

2. Mailing Address  
118 W Orange St  
Altamonte Spg, FL

3. Principal Place of Business  
2830 Southwest 36th Dr  
Suite, Apt. #, etc.

3. Mailing Address  
2830 Southwest 36th Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ocala, FL

City & State  
Ocala, FL

Zip  
34474

Country  
USA

Zip  
34474

Country  
USA

4. FEI Number  
59-3597773

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
Spiegel & Utrera, PA  
343 Almeria Ave  
Coral Gables, FL 33134

7. Name and Address of New Registered Agent  
Name  
Troy Meinhardt  
Street Address (P.O. Box Number is Not Acceptable)  
2830 Southwest 36th Dr  
City Ocala FL Zip Code 34474

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, typed or printed name of registered agent and title if applicable.  
Troy Meinhardt, president 4/27/00  
(NOTE: Registered Agent signature required when reinstating.)

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, 2000 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	PTD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meinhardt, Troy		NAME		
STREET ADDRESS	118 W Orange St		STREET ADDRESS	2830 Southwest 36th Dr	
CITY-ST-ZIP	Altamonte Spg, FL		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deli, Alan		NAME	Delile, Alan	
STREET ADDRESS	118 W Orange St		STREET ADDRESS	824 Silversmith Cir	
CITY-ST-ZIP	Altamonte Spg, FL		CITY-ST-ZIP	Lk Mary, FL 32746	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: Troy Meinhardt 4/27/00 (407)880-9721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)