

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90190 011 ***158.75

DOCUMENT # P99000081693

1. Entity Name
ORDEP & ALEBASI CORPORATION



Principal Place of Business
**6600 KINGSPONTE PARKWAY
ORLANDO FL 32819**

Mailing Address
**6600 KINGSPONTE PARKWAY
ORLANDO FL 32819**

30058790



2. Principal Place of Business
6606 KINGSPONTE PY

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 6606

Suite, Apt. #, etc.
SAME

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL 32819

City & State

4. FEI Number
59-3604805

Applied For
Not Applicable

Zip
32819

Country
ORANGE

Zip

Country

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

**DUARTE, NORBERTO
272 CELEBRATION BLVD
CELEBRATION FL 34747**

Name
DUARTE, NORBERTO
Street Address (P.O. Box Number is Not Acceptable)
1028 WATERSIDE DR

City
CELEBRATION

FL

Zip Code
34747

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Norberto Duarte* **NORBERTO DUARTE**

2/26/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MONTEIRO, ANTONIO V 6600 KINGSPONTE PARKWAY ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUARTE, NORBERTO 6600 KINGSPONTE PARKWAY ORLANDO FL-32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MONTEIRO ANTONIO V 6606 KINGSPONTE PY ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUARTE, NORBERTO 6606 KINGSPONTE PY ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Norberto Duarte* **NORBERTO DUARTE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)