2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE

Mar 19, 2002 8:00 am P99000085549 DOCUMENT # **Secretary of State** 1. Entity Name **ORTEGA & ASSOCIATES INCORPORATED** 03-19-2002 90019 022 ***150.00 Principal Place of Business Mailing Address 102 NORTHEAST 2ND STREET 102 NORTHEAST 2ND STREET SUITE 282 SUITE 282 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0951623 Not Applicable Zip, Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTEGA, RUDOLPH 102 NE 2ND ST # 282 **BOCA RATON FL 33432** 8. The above named actity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE Change ☐ Addition TIT! F iortega. Rudolph r NAME NAME 102 NE 2ND ST # 282 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ortega, laney p NAME 102 NE 2ND ST # 282 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TiTt F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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