

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P99000085549

1. Entity Name
Ortega Associates Incorporated



FILED
03 JUN 27 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1840 Coral Way, 4th FL
Suite, Apt. #, etc.
Suite 4-122

City & State
Miami, FL

Zip
33145

Country

3. Mailing Address
P.O. Box 352
Suite, Apt. #, etc.

City & State
Murphys Co.

Zip
95247

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
105-0951623

Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 S.W. 22nd Street

Fourth Floor

City
Miami

FL Zip Code
33145

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.

By: Natalia Utrera
Signature, typed name, title, and date of signature required when reinstating

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE <u>President & Sec.</u>	NAME <u>Laney P. Ortega</u>	STREET ADDRESS <u>1840 Coral Way, 4th FL, Ste. 4-122</u>	CITY-ST-ZIP <u>Miami, FL 33145</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

11. DO NOT WRITE IN THIS SPACE

900021269299
07/02/03-01019-028 **150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE Laney P. Ortega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-18-03
209-689-2819

CR2E034B (12/02)

Bye

**ORTEGA & ASSOCIATES
INCORPORATED**

Post Office Box 352
Murphys, California 95247
209 728-2044

June 18, 2003

Florida Department of Corporations
409 East Gaines Street
Tallahessee, Florida 32399

Re: Ortega & Associates Incorporated
Annual Report

To Whom It May Concern:

I have recently been made aware that we failed to submit the required UBR form in order to maintain our current status.

On a personal note, I was diagnosed with an advanced breast cancer in the spring of 2002 and have been undergoing extensive treatment at the Stanford Medical Center. I have been the responsible party relative to maintaining these kinds of corporate matters. I trust you will understand that I was remiss in those duties given my diminished health and physical capacity during my treatment period. As such, I have enclosed a check in the amount of one hundred-fifty dollars (\$150.00) required for the UBR annual report fee.

Thank you for your consideration in this matter.

Sincerely,

Lancy Ortega
President
Lancy Ortega, Secretary Treasurer