

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000090203**1. Entity Name
ORLANDOBIZ.NET, INC.

Principal Place of Business

20 W LUCERNE CIRCLE #917

ORLANDO
32801

FL

Mailing Address

P.O. BOX 2381

ORLANDO
32802

US

FL

2. Principal Place of Business

1510 E. COLONIAL DRIVE

Suite, Apt. #, etc.
SUITE 230WCity & State
ORLANDO

FL

Zip
32801

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3604806

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORENTINO LAUDY A
20 W LUCERNE CIRCLE #917ORLANDO
32801

FL

7. Name and Address of New Registered Agent

Name

FLORENTINO LAUDY A

Street Address (P.O. Box Number is Not Acceptable)

140 PINE ARBOR

City

ORLANDO

FL

Zip Code
32801

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 **LAUDY FLORENTINO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	FLORENTINO NORELIS M	
STREET ADDRESS	6600 ROSE QUEEN CT.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLORENTINO LAUDY A	
STREET ADDRESS	20 W LUCERNE CIRCLE #917	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ LIA	
STREET ADDRESS	1510 E. COLONIAL DRIVE, SUITE 230W	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO GUSTAVO	
STREET ADDRESS	1510 E. COLONIAL DRIVE, SUITE 230W	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORENTINO LAUDY	
STREET ADDRESS	1510 E. COLONIAL DRIVE, SUITE 230W	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **Laudy A. Florentino**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)