2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p99000094609 1. Entity Name ORBITEL, INC.					FILED Apr 22, 2000 8:00 am Secretary of State
Principal Place of Business 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131-2847				04-22-2000 90067 034 ***150.00	
2. Principal F	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 85507 Applied For Not Applicable
Zip Country		Zip Country		ry	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent
INTRASTATE ROAD AGENT CORPORATION INTRASTA				ATE REGISTERED AGENT CORPORATION	
701 BRICKELL AVENUE SUITE 3000 MIAMI, FLORIDA 33131				701 ABRE	REET/under EN90Eceptable)
	,	÷	SUITE 30		000
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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. INTRASTATE REGISTERED AGENT CORPORATION SIGNATURE Signature used or printed name of parasitered agent and treel approach. VICE PRESIDENT 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State. 10. Election Campaign Financing Trust Fund Contribution.					
11.	OFFICERS AND D	(4) (2017年) 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	12.	the second s	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDGAR CHAMORRO 784 WOODCREST ROA KEY BISCAYNE, FL	☐ Delete	TITLE NAME STREE	IT ADDRESS ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPASAT EDUARDO CHAMORRO 784 WOODCREST ROA KEY BISCAYNE, FL	□ Delete .D 33149			· Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	DVPASAT KATTIA CHAMORRO 784 WOODCREST ROA KEY BISCAYNE, FL	Delete D		T ADORESS ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S		Change Addition
 indicated of the corporated, changed, 	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee engages or on an attachment with an addiess, where	nis filing does not qualify for ue and accurate and that m gred to execute this report a high other like empowered.	the exemy signaturs require	nption stated in Sec ire shall have the s ed by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 11 or Block 12 if