

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90178 042 ***150.00

DOCUMENT # P99000094609

1. Entity Name
ORBTEL, INC.



Principal Place of Business
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

Mailing Address
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131-2847

2. Principal Place of Business
784 Woodcrest Rd.
Suite, Apt. #, etc.

3. Mailing Address
784 Woodcrest Rd.
Suite, Apt. #, etc.

City & State
Key Biscayne, FL
Zip **33149** **Country**

City & State
Key Biscayne, FL
Zip **33149** **Country**

4. FEI Number **65-0985507**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHAMORRO, EDGAR
784 WOODCREST RD
KEY BISCAINE FL 33149

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity, subject to the signature of the registered agent, 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

(Signature)
Signature of the registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **CHAMORRO, EDGAR**
STREET ADDRESS **784 WOODCREST ROAD**
CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE **DVPS** ☐ Delete
NAME **CHAMORRO, EDUARDO**
STREET ADDRESS **784 WOODCREST RD**
CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE **DVPS** ☐ Delete
NAME **CHAMORRO, KATTIA**
STREET ADDRESS **784 WOODCREST RD**
CITY-ST-ZIP **KEY BISCAINE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

(Signature)
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 13 / 2003 **305-724-8250**

CR2E034 (10/02)