

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90140 021 ***150.00

DOCUMENT # P99000101048

1. Entity Name

ORION MORTGAGE & INVESTMENTS, INC.

Principal Place of Business

**8924 SW 177 TERRACE
 MIAMI FL 33157**

Mailing Address

**8924 SW 177 TERRACE
 MIAMI FL 33157**

2. Principal Place of Business

12263 SW 132 CT
 Suite, Apt. #, etc.

3. Mailing Address

23650 SW 152 AVE
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0962335

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33032

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**EVANS, ERROL M
 8924 SW 177 TERRACE
 MIAMI FL 33146**

7. Name and Address of New Registered Agent

Name **ERROL M EVANS**
 Street Address (P.O. Box Number is Not Acceptable)
23650 SW 152 AVE
 City **MIAMI FL** Zip Code **33032**

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 **Director - ERROL M. EVANS**

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

(NOTE: Registered Agent signature required when reinstating)

4/17/02
 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	EVANS, ERROL M	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 264	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, SANDRA	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 264	
CITY-ST-ZIP	MIAMI FL 33146	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. DIRECTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, ERROL M	
STREET ADDRESS	23650 SW 152 AVE	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, SANDRA T.	
STREET ADDRESS	23650 SW 152 AVE	
CITY-ST-ZIP	MIAMI FL 33032	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REQUANORA T. EVANS

Date

4/17/02 (305) 495-4912

Daytime Phone #

CR2E034 (9/01)