2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PR

FILED Mar 28, 2000 8:00 am DOCUMENT # **P99000109690** 1. Entity Name Secretary of State ORBI IRON WORKS, INC. 03-28-2000 90005 016 ***150.00 Mailing Address Principal Place of Business 3300 NE 191 STREET. STE 612 3300 NE 191 STREET, STE 612 **AVENTURA FL 33180** AVENTURA FL 33180 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0969233 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HWY, PH 2 **MIAMI FL 33156** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE TITLE STELLA, CARLOS MARIO NAME NAME 3300 NE 191 STREET, STE 612 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Addition ☐ Change ☐ Delete TITLE TITLE PEREZ. ALBERTO N NAME NAME 3300 NE 191 STREET, STE 612 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **AVENTURA FL 33180** ☐ Change Addition -. □ - Delete -TITLE -TITLE STELLA, NESTOR EMIR NAME NAME 3300 NE 191 STREET, STE 612 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE GRASSI, CARLOS NAME STREET ADDRESS 3300 NE 191 STREET, STE 612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 latter like empowered. 13. I hereby certify that the information supp

FICER OR DIRECTOR