## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 02, 2001 8:00 am DOCUMENT # P99000109690 **Secretary of State** ORBI IRON WORKS, INC. 02-02-2001 90291 001 \*\*\*150.00 Principal Place of Business Mailing Address 3300 NE 191 STREET, STE 612 3300 NE 191 STREET, STE 612 AVENTURA FL 33180 AVENTURA FL 33180 DOOTTOOD 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0969233 Not Applicable Country Zin Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HWY, PH 2 MIAMI FL 33156 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition R2E034 (10/00) TITLE ☐ Change TITLE STELLA, CARLOS MARIO NAME NAME STREET ADDRESS 3300 NE 191 STREET, STE 612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, ALBERTO N NAME NAME STREET ADDRESS 3300 NE 191 STREET, STE 612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** .Change. \_ . Addition TITLE . Delete STELLA, NESTOR EMIR NAME NAME STREET ADDRESS 3300 NE 191 STREET, STE 612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete TITLE ☐ Change ■ Addition GRASSI, CARLOS NAME NAME STREET ADDRESS 3300 NE 191 STREET, STE 612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

3. I hereby certify that the information supplied with this filing does rift 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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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450-629-4454