2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000109690 1. Entity Name ORBI IRON WORKS, INC.							FILED Mar 06, 2002 8:00 am Secretary of State 03-06-2002 90082 034 ***150.00			
•	ce of Business STREET, STE 612 . 33180		Mailing Address 3300 NE 191 STREET, STE 612 AVENTURA FL 33180							
2. Principal F	Place of Business		3. Mailing Address				1 		0) 	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	e		City & State			4.	FEI Number 65-0969233	<u> </u>	Applied For Not Applicable]
Zip Country			Zip Coun		try	5. Certificate of Status Desired				1
	6. Name and Ad	dress of Current Re	gistered Agent			<u> </u> ~7	Name and Address of New Reg			<u> </u>
ROTH, LEONARDO A 9350 SOUTH DIXIE HWY, PH 2 MIAMI FL 33156					Name Street Addre	ss (P.O. l	Box Number is Not Acceptable)			
					City			FL Zip	Code	1
Tax filing	Signature, typed or printed representation is eligible to sarequirement and electria on back)		FILE NOW! After May 1, 20 Make Check Payat	!! FEE 02 Fee	will be \$550.0	00	einstating) 10. Election Campaign Finan- Trust Fund Contribution.	~	5.00 May Be dded to Fees	\ \ \ \ \
11.		OFFICERS AND DIF	RECTORS	12.		AE	DDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STELLA, CARLOS 3300 NE 191 STF AVENTURA FL 33	EET, STE 612	☐ Delete		I			☐ Cha	nge 🔲 Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEREZ, ALBERTO 3300 NE 191 STF AVENTURA FL 33	EET, STE 612	□ Delete		· · · · · · · · · · · · · · · · · · ·			☐ Cha	nge 🗌 Addition	R
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STELLA, NESTOR 3300 NE 191 STR AVENTURA FL 33	EET, STE 612	☐ Delete		I			☐ Chai	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRASSI, CARLOS 3300 NE 191 STF AVENTURA FL 33	EET, STE 612	☑ Delete		I			☐ Cha	nge 🔲 Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Delete		I			☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ			☐ Cha	nge 🗌 Addition	
13. I hereby of indicated of the conchanged,	certify that the information this report or supportation or the receiver on an attachment	ation supplied with this plemental report is tru er or trusteelempowe with an address, with	s filing does not qualify for e and accurate and that n red to execute this report all other like empowered.	the exer ny signat as requir	mption stated in ure shall have t ed by Chapter	n Section the same 607, Flori	119.07(3)(i), Florida Statutes. I fu legal eifect as if made under oatl ida Statutes; and that my name a	rther certify that the thing that I am an of oppears in Block	he information licer or director 11 or Block 12 if	

SIGNATURE:

(450) 629-4454