

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 006 ***150.00

DOCUMENT # 542120

1. Entity Name **OROTECH INC.**
801 N. Congress Ave K997
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 N. Congress Ave.
K997

3. Mailing Address

P.O. Box 970535
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach FL
33426 **USA**

City & State

Coconut Creek FL
33097 **USA**

4. FEI Number

65-0255880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTA L. WOSKOBOTNIK

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

5539 LAKE TERN CT.

COCONUT CREEK

City

FL

Zip Code

33073

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 filer

(NOTE: Registered Agent signature required when reinstating)

4/26/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **LEON MARIO WOSKOBOTNIK**
STREET ADDRESS **5539 LAKE TERN CT.**
CITY - ST - ZIP **COCONUT CREEK, FL 33073**

TITLE **VICE PRESIDENT**
NAME **MARTA L. WOSKOBOTNIK**
STREET ADDRESS **5539 LAKE TERN CT.**
CITY - ST - ZIP **COCONUT CREEK, FL 33073**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 954-418-9963

Date

Daytime Phone #

CR2E034B (12/01)