

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90019 025 \*\*\*550.00

**DOCUMENT # H82260**

1. Entity Name  
**MOTURIS INC.**

Principal Place of Business

**3901 NW 16TH ST  
 LAUDERHILL FL 33311  
 US**

Mailing Address

**3901 NW 16TH ST  
 LAUDERHILL FL 33311  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2262387**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIRELLI, ALFONSO  
 3901 NW 16TH ST  
 LAUDERDALE FL 33311**

Name **NUBIA S. GULLEMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**3361 NW 21 CT**

City **COCONUT CREEK**

**FL**

Zip Code **33066**

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. I am familiar with, and accept the obligations of registered agent.

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

**- MANAGER -**

(NOTE: Registered Agent signature required when reinstating)

**09/04/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **DAHLER, ERNST**  
 STREET ADDRESS **GROSSWIES 38**  
 CITY-ST-ZIP **8185 WINKEL/SWITZ**

TITLE **M** ☐ Change ☒ Addition  
 NAME **NUBIA GULLEMAN**  
 STREET ADDRESS **3361 NW 21 CT**  
 CITY-ST-ZIP **COCONUT CREEK - FL**

TITLE **TSGM** ☒ Delete  
 NAME **TIRELLI, ALFONSO**  
 STREET ADDRESS **3901 NW 16TH ST**  
 CITY-ST-ZIP **LAUDERHILL FL 33311**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**- ERNEST DAHLER 09/04/02 (954) 5876450**  
 Date Daytime Phone #

CR2E034 (4/02)