

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90016 047 ***150.00

DOCUMENT # P93000062531

1. Entity Name
MOROCCO FINANCE CORP.

Principal Place of Business
9601 COLLINS AVE
STE 510
SURFSIDE FL 33154-1673

Mailing Address
9601 COLLINS AVE
STE 510
SURFSIDE FL 33154-1673

2. Principal Place of Business
9601 COLLINS AVENUE

3. Mailing Address
9601 COLLINS AVENUE

Suite, Apt. #, etc.
SUITE 510

Suite, Apt. #, etc.
SUITE 510

City & State
BAL HARBOUR, FLORIDA

City & State
BAL HARBOUR, FLORIDA

Zip
33154-2211

Country
USA

Zip
33154-2211

Country
USA

4. FEI Number **65-0435290**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELKAIM, COUNT DE S.G.
9601 COLLINS AVE
STE 510
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name
ELKAIM, COUNT DE S.G.

Street Address (P.O. Box Number is Not Acceptable)
9601 COLLINS AVENUE

SUITE 510

City **BAL HARBOUR** **FL** Zip Code **33154-2211**

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 **COUNT DE S.G. ELKAIM (PRESIDENT)** **01-17-2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **P** ☐ Delete
NAME **ELKAIM, COUNT DE S.G.**
STREET ADDRESS **9455 COLLINS AVENUE, SUITE 1002**
CITY-ST-ZIP **SURFSIDE FL 33154-2673**

TITLE **S** ☐ Delete
NAME **ELKAIM, COUNTESS DE SG**
STREET ADDRESS **9455 COLLINS AVENUE, SUITE 1002**
CITY-ST-ZIP **SURFSIDE FL 33154-2673**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ELKAIM, COUNT DE S.G.**
STREET ADDRESS **9601 COLLINS AVENUE, SUITE 510**
CITY-ST-ZIP **BAL HARBOUR, FL 33154-2211**

TITLE **V** ☒ Change ☐ Addition
NAME **ELKAIM, COUNTESS DE S.G.**
STREET ADDRESS **9601 COLLINS AVENUE, SUITE 510**
CITY-ST-ZIP **BAL HARBOUR, FL 33154-2211**

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

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

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

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 all other like empowered.

SIGNATURE: **COUNT DE S.G. ELKAIM (President)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-2002

Date

800.734.8172

Daytime Phone #

CR2E034 (9/01)