

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

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1. Entity Name
MOORE-MASVIDAL GROUP, INC.



Principal Place of Business
**2655 LE JEUNE RD
500
CORAL GABLES FL 33134
US**

Mailing Address
**P.O. BOX 143557
MIAMI FL 33114
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ-MASVIDAL, ALBERTO
2655 LE JEUNE RD
STE 500
CORAL GABLES FL 33134**

Name

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

City

FL

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

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPST DIAZ-MASVIDAL, ALBERTO**
STREET ADDRESS **609 ALMERIA AVE, APT 101**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D DIAZ-MASVIDAL, GERTRUDIS**
STREET ADDRESS **609 ALMERIA AVE, APT 101**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ECTONE, REYNALDO**
STREET ADDRESS **8270 SW 31ST**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME **DVP MARIA MASVIDAL VISENTI**
STREET ADDRESS **2655 LEJEUNE ROAD, STE 500**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Delete
NAME **DVP DIAZ-MASVIDAL, ADRIANA**
STREET ADDRESS **2655 LEJEUNE ROAD, STE 500**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE DIAZ-MASVIDAL ALBERTO 4/28/03 (305) 461-1772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)