2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90179 018 ***150.00

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DOCUMENT # P97000085733

1. Entity Name
MORADO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2901 N. DALE MABRY	2901 N. DALE MABRY
1208	1208
TAMPA FL 33607	TAMPA FL 33607
US	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17800-D Lake Carlton Dr.	17800-D Lake Carlton Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, FL 33558	City & State: Lutz, FL 33558
Zip / Country	Zip / Country

4. FEI Number 59-3472726 ☐ Applied For ☐ Not Applicable

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
FALTYNKOVA, MONIKA	Name: FALTYNKOVA, MONIKA
2901 N. DALE MABRY	Street Address (P.O. Box Number is Not Acceptable): 17800-D Lake Carlton Dr.
#1208	City: Lutz FL Zip Code: 33558
TAMPA FL 33607	

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 Monika Faltynkova MONIKA FALTYNKOVA 2-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALTYNKOVA, MONIKA 2901 N. DALE MABRY #1208 TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALTYNKOVA, MONIKA 17800-D Lake Carlton Dr. Lutz, FL 33558	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RADOMIL VLASAK 17800-D Lake Carlton Dr. Lutz, FL 33558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 REQUIRED Monika Faltynkova MONIKA FALTYNKOVA 2-10-03 813-494-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #