

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90262 047 ***150.00

DOCUMENT # P98000097928

1. Entity Name
AMORAL'S ENTERPRISES SERVICES CORP.

Principal Place of Business
 17630 SW 4TH COURT
 PEMBROKE PINES FL 33029

Mailing Address
 17630 SW 4TH COURT
 PEMBROKE PINES FL 33029



2. Principal Place of Business
 17411 NW 8th ST

3. Mailing Address
 Same # 2

DO NOT WRITE IN THIS SPACE

City & State
 Pembroke Pines

City & State

4. FEI Number 65-0877834

Applied For
 Not Applicable

Zip 33029 **Country** Broward

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

MORALES, LUZ A
 17630 SW 4TH COURT
 PEMBROKE PINES FL 33029

Name LUZ A. MORALES

Street Address (P.O. Box Number is Not Acceptable)
 17411 NW 8th ST

City Pembroke Pines **FL** **Zip Code** 33029

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE Feb 25 2002

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP Delete
NAME MORALES, LUZ A
STREET ADDRESS 17630 SW 4TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST Delete
NAME MORALES, CLARA A
STREET ADDRESS 17630 SW 4TH COURT
CITY-ST-ZIP PEMBROKE PINES FL 33029

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
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TITLE Delete
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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

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

DATE Feb 25, 2002 **Daytime Phone #** (954) 436-5099

CR2E034 (9/01)