

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90011 018 ***150.00

80101481

DOCUMENT # P99000061604
1. Entity Name
 MOSLEY HOLDINGS, INC.

Principal Place of Business **Mailing Address**
 21299 ROCKLEDGE LANE 21299 ROCKLEDGE LANE
 BOCA RATON, FLORIDA 33428 BOCA RATON, FLORIDA 33428

2. Principal Place of Business **3. Mailing Address**
 8401 N.W. 53 TERRACE 8401 N.W. 53 TERRACE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #105 #105
City & State **City & State**
 MIAMI, FLORIDA MIAMI, FLORIDA
Zip **Country** **Zip** **Country**
 33166 U.S.A. 33166 U.S.A.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ORIZONDO, M. TERESA
 9794 N.W. 29th Terrace
 MIAMI, FLORIDA 33172

4. FEI Number **Applied For**
 65-0935472 Not Applicable

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

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____
 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	Delete	TITLE	Change	Addition
	D, P, S, T				
	ABELLO, OSCAR J.				
STREET ADDRESS	21299 ROCKLEDGE LANE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FLORIDA 33428		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: *M. Teresa Orizondo* **5/15/00** **305-629-8889**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)