

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90405 021 \*\*\*150.00

**DOCUMENT # P99000061604**

1. Entity Name  
**MOSLEY HOLDINGS, INC.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**8401 N.W. 53<sup>rd</sup> Terrace**      **Same**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 105**

City & State      City & State  
**Miami, Florida**

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

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

6. Name and Address of Current Registered Agent  
**ORIZONDO, M. TERESA**  
**1210 S.W. 76TH COURT**  
**MIAMI FL 33134**  
*8401 N.W. 53<sup>rd</sup> Terrace*  
*Suite 105*  
*Miami, FL 33166*

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*Please change address*  
 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 *M Teresa Orizondo*      DATE **4/30/01**  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ABELLO, OSCAR J</b>
STREET ADDRESS	<b>21299 ROCKLEDGE LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>PST</b> <input type="checkbox"/> Delete
NAME	<b>ABELLO, OSCAR J</b>
STREET ADDRESS	<b>21299 ROCKLEDGE LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>M. TERESA Orizondo - Sec. Treasurer</b>
STREET ADDRESS	<b>8401 N.W. 53<sup>rd</sup> Terrace, Suite 105</b>
CITY-ST-ZIP	<b>Miami, FL 33166</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *M Teresa Orizondo - Sec. Treasurer*      DATE: **4/30/01**      DAYTIME PHONE #: **305-629-8889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)