

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 032 ***150.00

DOCUMENT # V 69834

1. Entity Name

MOMACA, INC.

DO NOT WRITE IN THIS SPACE

94020719

2. Principal Place of Business
c/o A.F. Alentado & Assoc.
1149 SW 27th Ave,

3. Mailing Address

Same

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Zip

33135

Country

Miami-Dade

Zip

Country

4. FEI Number

65-0389723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Antonio F. Alentado

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

1149 SW 27th Ave, Ste. 203

City

Miami

FL

Zip Code 33135

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D NAME Palacio, Enrique STREET ADDRESS c/o: 1149 SW 27th Ave, Ste. 203 CITY-ST-ZIP Miami, Fl. 33135	TITLE D NAME Palacio, Carlos STREET ADDRESS c/o: 1149 SW 27th Ave, Ste. 203 CITY-ST-ZIP Miami, Fl. 33135	TITLE D NAME Palacio, Carlos E. Jr. STREET ADDRESS c/o: 1149 SW 27th Ave, Ste. 203 CITY-ST-ZIP Miami, Fl. 33135	TITLE D NAME Palacio, Carlos E. Jr. STREET ADDRESS c/o: 1149 SW 27th Ave, Ste. 203 CITY-ST-ZIP Miami, Fl. 33135
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)