2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90011 018 ***150.00

B0101481

DOCUMENT # P99000061604

1. Entity Name

MOSLEY HOLDINGS, INC.

Principal Place of Business	Mailing Address
21299 ROCKLEDGE LANE BOCA RATON, FLORIDA 33428	21299 ROCKLEDGE LANE 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. #105		Suite, Apt. #, etc. #105	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0935472 — 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
ORIZONDO, M. TERESA 9794 N.W. 29th TERRACE MIAMI, FLORIDA 33172	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		Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	D,P,S,T		TITLE			
NAME	ABELLO, OSCAR J.		NAME			
STREET ADDRESS	21299 ROCKLEDGE LANE		STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON, FLORIDA 33428		CITY - ST - ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			

CR2E034 (9/99)

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 #

STF FL32381F.1