


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90219 006 ***150.00

DOCUMENT # 346422

1. Entity Name
MOIREAL CORP



Principal Place of Business
**2631 SW 107TH COURT
MIAMI FL 33165**

Mailing Address
**P.O. BOX 65-2908
MIAMI FL 33265-2908**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1295314**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**QUESADA, G.FRANK ESQ
1313 PONCE DE LEON BLVD, SUITE 200
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GUINDI, JACOBO | |
| STREET ADDRESS | 2631 SW 107TH CT. | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LOPATA, AMIN G | |
| STREET ADDRESS | 2631 SW 107TH CT. | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GUINDI, ISIDORO | |
| STREET ADDRESS | 2631 SW 107TH CT. | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAYAN, AMIN G | |
| STREET ADDRESS | 2631 SW 107TH CT. | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AMKIE, AMIN G | |
| STREET ADDRESS | 2631 SW 107TH CT | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x** **SIGNATURE REQUIRED** *Amin Guindi; Dayan* **01/23/03** **(305) 770 9530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)