

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90112 026 ***158.75

DOCUMENT # 683550

1. Entity Name

MORALMAR TRANSPORT CORP.



Principal Place of Business

**3130 WEST 15TH AVENUE
HIALEAH FL 33012**

Mailing Address

**C/O IVAN A. GOMEZ ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

3130 W. 15 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

4. FEI Number

59-2032250

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

U.S.A.

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

MORENO

-BLECHER, NOELIA E.

3130 WEST 15TH AVENUE

HIALEAH FL 33012

Name

Noelia E. Moreno, Esq.

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

3130 West 15th Avenue

City

Hialeah

FL

Zip Code

33012

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

Noelia E. Moreno

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MORENO, EDUARDO**
STREET ADDRESS **3130 WEST 15TH AVENUE**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BAEZ, ANDRES**
STREET ADDRESS **3130 WEST 15TH AVENUE**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **-BLECHER, NOELIA E.**
STREET ADDRESS **3130 W 15TH AVENUE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **MORENO, NOELIA E.**
STREET ADDRESS **3130 W. 15 Ave.**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Noelia E. Moreno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 556-1520

Daytime Phone #

CR2E034 (10/02)