

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90019 025 \*\*\*550.00

**DOCUMENT # H82260**

1. Entity Name  
**MOTURIS INC.**

Principal Place of Business

**3901 NW 16TH ST  
 LAUDERHILL FL 33311  
 US**

Mailing Address

**3901 NW 16TH ST  
 LAUDERHILL FL 33311  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2262387**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**TIRELLI, ALFONSO  
 3901 NW 16TH ST  
 LAUDERDALE FL 33311**

**7. Name and Address of New Registered Agent**

Name **NUBIA S. GULLEMANN**  
 Street Address (P.O. Box Number is Not Acceptable) **3361 NW 21 CT**  
 City **COCONUT CREEK FL** Zip Code **33066**

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 **- MANAGER -** DATE **09/04/02**  
Signature, typed or printed name of registered agent and title if 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAHLER, ERNST</b>	NAME	<b>NUBIAGULLEMANN</b>
STREET ADDRESS	<b>GROSSWIES 38</b>	STREET ADDRESS	<b>3361 NW 21 CT</b>
CITY-ST-ZIP	<b>8185 WINKEL/SWITZ</b>	CITY-ST-ZIP	<b>COCONUT CREEK - FL</b>
TITLE	<b>TSGM</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIRELLI, ALFONSO</b>	NAME	
STREET ADDRESS	<b>3901 NW 16TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL 33311</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: **- ERNEST DAHLER** DATE **09/04/02** DAYTIME PHONE # **(954) 5876450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)