2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

K40224 **DOCUMENT #**

1. Entity Name

MORR MANUFACTURING, INC.

Principal Place of Business 1781 SW 7TH AVE POMPANO BEACH FL 33060 US		Mailing Address 1781 SW 7TH AVENUE POMPANO BEACH FL 33060						
		US			i Madiani ah ahan bama mada inan ahan ahan ahan ahan ahan ahan aha			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 36-3611134 Applied For Not Applied			
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				· · ·	7. Name and Address of New Registered Agent			
RODRIGUEZ, MARTIN J 1781 SW 7TH AVE				Name Street Address (P.O. Box Number is Not Acceptable)			, , , , , , , , , , , , , , , , , , , ,	
ļ	EACH FL 33060							
				ty		FL Zip Code		
8. The above nar the obligations	med entity submits this statement for sof registered agent.	r the purpose of changing it	s registered office	or registered	agent, or both, in the State of Florida. I am	familiar with	, and accep	
SIGNATURE	nature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent sign	ature required who	nen reinstating) DATE			
	NOW!!! FEE IS \$150.00			- Todosod Will	Entertailed by DATE			
After Ma	ay 1, 2003 Fee will be \$550.00 hyable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees	
10. OFFICERS AND DIR		DIRECTORS	CTORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD) Ddriguez, martin J.	☐ Delete	TITLE NAME			Change	Additio	
STREET ADDRESS 17	81 SW 7TH AVE OMPANO BCH FL		STREET ADDRESS CITY-ST-ZIP					
TITLE ST NAME OF	D RITZ, JULIO C.	☐ Delete	TITLE NAME			Change	☐ Additio	
	2 S.W. 68TH AVENUE		STREET ADDRESS					

FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90115 027 ***150.00



CITY-ST-ZIF 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 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

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: