2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006584

1. Entity Name
M.O. GLOBAL, LLC

FILED
01 APR 23 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10170 COLLINS AVENUE STE. # 01 BAL HARBOUR ISLAND, FL 33154	10170 COLLINS AVENUE STE. # 01 BAL HARBOUR ISLAND, FL 33154

2. Principal Place of Business	3. Mailing Address
10170 COLLINS AVE # 01	10170 COLLINS AVE. # 01
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BAL HARBOUR ISLAND, FL	City & State: BAL HARBOUR ISLAND, FL
Zip: 33154 Country:	Zip: 33154 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1014789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTHONY L. TRULLENQUE, ESQ. 7098 BONITA DRIVE MIMAI BECAH, FLORIDA 33141	Name: ANTHONY L. TRULLENQUE, ESQ. Street Address (P.O. Box Number is Not Acceptable): 7098 BONITA DRIVE City: MIAMI BEACH FL Zip Code: 33141

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 _____ 3/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

900004137679--0
-05/07/01--01007--011
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ORDONEZ, MAURICIO 10170 COLLINS AVE., # 01 BAY HARBOUR ISLAND, FL 33154	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P/VP ORDONEZ, MAURICIO 10170 COLLINS AVE. # 01 BAY HARBOUR ISLAND, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete UMANA, MARIA 10170 COLLINS AVE., # 01 BAY HARBOUR ISLAND, FL 33154	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S/D UMANA, MARIA 10170 COLLINS AVE., # 01 BAY HARBOUR ISLAND, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete CARDENAS, CESAR AGUSTO 10170 COLLINS AVENUE # 01 BAY HARBOUR ISLAND, FL 33154	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D/T CARDENAS, CESAR AGUSTO 10170 COLLINS AVE., # 01 BAY HARBOUR ISLAND, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/30/01 (305) 868-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #