

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90066 040 ****50.00

DOCUMENT # L00000006584

1. Entity Name

M.O. GLOBAL, L.L.C.



Principal Place of Business

**10170 COLLINS AVE., #01
BAL HAARBOUR ISLAND FL 33154**

Mailing Address

**10170 COLLINS AVE., #01
BAL HAARBOUR ISLAND FL 33154**

2. Principal Place of Business

10170 Collins Ave., # 01

3. Mailing Address

7098 Bonita Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bal Harbour, Florida

City & State

Miami Beach, Florida 33141

Zip

33154

Country

Zip

33141

Country

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

**TRULLENQUE, ANTHONY L ESQ
7098 BONITA DRIVE
MIAMI BEACH FL 33141**

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

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PV** ☐ Delete
NAME **ORDONEZ, MAURICIO**
STREET ADDRESS **10170 COLLINS AVE APT 1**
CITY-ST-ZIP **BAY HORBOUR ISLAND FL 33154**

TITLE **SD** ☐ Delete
NAME **UMANA, MARIA A**
STREET ADDRESS **10170 COLLINS AVE APT 1**
CITY-ST-ZIP **BAL HARBOUR ISLAND FL 33154**

TITLE **XXXX** ☒ Delete
NAME **CARDENAS, CESAR AGUSTO**
STREET ADDRESS **10170 COLLINS AVE APT 1**
CITY-ST-ZIP **BAY HARBOUR ISLAND FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P,VP,D** ☒ Change ☐ Addition
NAME **ORDONEZ, MAURICIO**
STREET ADDRESS **10170 COLLINS AVENUE # 01**
CITY-ST-ZIP **BAL HARBOUR, FLORIDA 33154**

TITLE **S,T,D** ☒ Change ☐ Addition
NAME **UMANA, MARIA A.**
STREET ADDRESS **10170 COLLINS AVENUE # 01**
CITY-ST-ZIP **BAL HARBOUR, FLORIDA 33154**

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

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

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

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

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:

SIGNATURE REQUIRED

7/22/03 (305) 868-3363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)