

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90289 034 ***158.75

DOCUMENT # L51024

1. Entity Name
MORALES & COMPANY, INC.

Principal Place of Business
~~255 NW 128TH AVE~~
1339 OBISPO AVE
CORAL GABLES FL 33134
US

Mailing Address
~~PO BOX 52-2900~~
~~MIAMI FL 33152~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1339 OBISPO AVE

3. Mailing Address
1339 OBISPO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

4. FEI Number **65-0190311**

Applied For
 Not Applicable

Zip **33134** Country **MIAMI-DADE**

Zip **33134** Country **MIAMI-DADE**

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

MORALES, G. DAVID
1339 OBISPO AVE
CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** ☐ Delete
 NAME **MORALES, G. DAVID**
 STREET ADDRESS **1339 OBISPO AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
 NAME **MORALES, TERESITA C.**
 STREET ADDRESS **1339 OBISPO AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
 NAME
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 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 all other like approvals.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-01 (786)236-5755

Date

Daytime Phone #

CR2E034 (10/00)