

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90263 025 ***150.00

DOCUMENT # L 82693

1. Entity Name
MORENO HOLDINGS, INC.

Principal Place of Business
 6810 SW 73 COURT
 MIAMI, FL 33143

Mailing Address
 6810 SW 73 COURT
 MIAMI, FL 33143

2. Principal Place of Business
 6810 SW 73 COURT
 Suite, Apt. #, etc.

3. Mailing Address
 6810 SW 73 COURT
 Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33143

Country
 U.S.

Zip
 33143

Country
 U.S.

4. FEI Number
 650260576

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 JENNIFER Mendoza
 6810 SW 73 CT
 MIAMI, FL 33143

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.

SIGNATURE _____ DATE _____

Signature: Signature or printed name of registered agent and title of appointment (If not, then, if agent, signature required before recording)

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 \$600.00
Make Checks Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P RESIDENT, DIRECTOR, SEC.	Jennifer Mendoza	6810 SW 73 CT.	MIAMI, FL 33143	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition

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 empowered.

SIGNATURE: Jennifer Mendoza JENNIFER MENDOZA 4/29/01 305-347-6535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #