2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L84295 1. Entity Name MOCAUS INVESTMENTS, INC.				Secretary of State 02-07-2002 90018 018 ***150.00			
Principal Place of Business 1500 N.W. 62ND STREET 102 FORT LAUDERDALE FL 33309 US		Mailing Address 1500 N.W. 62ND STREET 102 FORT LAUDERDALE FL 33309 US			DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		_			
City & State		City & State		4. FEI Number 65	-0224255	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu	Fee P	5 Additional Required	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Addres	ss of New Registered Agent		
	et, marc j : 62ND street 2		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33309			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. (NOTE: Registered Agent signature required when relinstating) DATE							
Tax filing requirement and elects to do so. After May 1, 200			FEE IS \$150.00 Fee will be \$550.00 to Department of Si	Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD CROCQUET, MARC J 1500 NW 62 ST, #102 FORT LAUDERDALE FL	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	SES TO OFFICERS AND DIRE	CTORS IN 11 hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange	
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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

CHATUS AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

1/23/2001 (954)9