2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90126 004 ***158.75

DOCUMENT # M42663

1. Entity Name
MOHATRA INC.

Principal Place of Business	Mailing Address
6500 WEST 4TH AVENUE ~~#26~~ #39 HIALEAH FL 33012 US	6500 WEST 4TH AVENUE ~~#26~~ #39 HIALEAH FL 33012 US

2. Principal Place of Business		3. Mailing Address	
6500 West 4th Ave #39 Suite, Apt. #, etc.		6500 West 4th Ave #39 Suite, Apt. #, etc.	
City & State: HIALEAH - FIA		City & State: HIALEAH FIA	
Zip: 33012	Country: U.S.A.	Zip: 33012	Country: U.S.A.

PLEASE AMEND SUITE #39 IN LIEU OF #26
☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2779896 ☐ Applied For ☐ Not Applicable

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
ALVAREZ, AIDA 6500 WEST 4TH AVENUE #39 HIALEAH FL 33012	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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTINI, RAOUL 6500 W 4TH AVE #39 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALVAREZ, AIDA 6500 W 4TH AVE #39 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature: Aida Alvarez] 4/15/03 305-558-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)