

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90001 031 \*\*\*150.00

**DOCUMENT # M55135**

1. Entity Name

**MORSA INVESTMENT CORPORATION**

Principal Place of Business

Mailing Address

~~15020 SW 53 TERRACE~~ **8765 SW 100ST** PO BOX 654138  
P.O. BOX 654138  
MIAMI FL ~~33185~~ **33176**  
US

PO BOX 654138  
P.O. BOX 654138  
MIAMI FL 33265-4138  
US

*OK PO Box*

JAN 11 11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2820922**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JACQUELINE SAAVEDRA**  
**15020 SW 53 TERRACE**  
**MIAMI FL 33185**

**NEW ADDRESS**

Name

**JACQUELINE SAAVEDRA**

Street Address (P.O. Box Number is Not Acceptable)

**8765 SW 100ST**

City

**MIAMI,**

**FL**

Zip Code

**33176**

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 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, 2000 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 **PTD** ☐ Delete  
NAME **SAAVEDRA, JACQUELINE M.**  
STREET ADDRESS **15020 SW 53 TERRACE** **8765 SW 100ST**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **JACQUELINE M. SAAVEDRA** ☒ Change ☐ Addition  
NAME **JACQUELINE M. SAAVEDRA**  
STREET ADDRESS **8765 SW 100ST**  
CITY-ST-ZIP **MIAMI, FLA 33176**

TITLE **VSD** ☐ Delete  
NAME **MORA, GONZALO**  
STREET ADDRESS **P.O. BOX 654138 N/A**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **OD** ☐ Delete  
NAME **MORA GONZALO** **GONZALO**  
STREET ADDRESS **PO BOX 654138 NA**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN-25/2000**

Date

**305-412-7338**

Daytime Phone #

CR2E034 (9/99)