

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90443 018 ***150.00

DOCUMENT # M55135

1. Entity Name

MORSA INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

15020 SW 53 TERRACE PO BOX 654138
P.O. BOX 654138 SAME 8765 SW 100ST P.O. BOX 654138
MIAMI FL 33185 MIAMI, FLA MIAMI FL 33265
US 33176 US

00044303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8765 SW 100 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

4. FEI Number

59-2820922

Applied For

Not Applicable

Zip

33176

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
8765 SW 100ST
MIAMI FL 33176

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.

(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, 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 ☐ Delete
NAME PTD
STREET ADDRESS SAAVEDRA, JACQUELINE M.
CITY-ST-ZIP 8765 SW 100ST
MIAMI FL 33176

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

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

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

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

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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

GONZALO MORA

4/3/01

Date

305-412-7338

Daytime Phone #

CR2E034 (10/00)