

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029476

1. Entity Name
INVESTMENT MORALES SERRANO CORP.

Principal Place of Business
**514 CAPEHART DR
ORLANDO FL 32822**

Mailing Address
**514 CAPEHART DR
ORLANDO FL 32822**

2. Principal Place of Business
**3241 WHISPER LK. LN
SUITE # H**

3. Mailing Address
**3241 WHISPER LK. LN.
SUITE # H.**

City & State
WINTER PARK, FLORIDA
Zip **32792** Country **U.S.A.**

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WINTER PARK, FLORIDA
Zip **32792** Country **U.S.A.**

4. FEI Number
59-3640663
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

**SERRANO, CARLOS H
1011 SHOREVIEW DR APT 9
ORLANDO FL 32807-1973**

7. Name and Address of New Registered Agent

Name
MORALES, CARLOS H.
Street Address (P.O. Box Number is Not Acceptable)
3241 WHISPER LK LN SUITE # H.
City **WINTER PARK, FL** Zip Code **32792**

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 *Cauffel* (NOTE: Registered Agent signature required when reinstating) DATE **03/05/01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALDONADO, MARTA 1011 SHOREVIEW DR APT 9 ORLANDO FL 32807-1973	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, JUAN P 1011 SHOREVIEW DR APT 9 ORLANDO FL 32807-1973	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, CARLOS M 1011 SHOREVIEW DR APT 9 ORLANDO FL 32807-1973	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cauffel* DATE **03/05/01** DAYTIME PHONE # **(407) 671-4369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0481808

CR2E034 (10/00)