

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90907 045 \*\*\*150.00

**DOCUMENT # P00000029476**

**1. Entity Name**  
**INVESTMENT MORALES SERRANO CORP.**

**Principal Place of Business**  
**3241 WHISPER LAKE LANE**  
**SUITE # H**  
**WINTER PARK FL 32792**

**Mailing Address**  
**3241 WHISPER LAKE LANE**  
**SUITE # H**  
**WINTER PARK FL 32792**

**2. Principal Place of Business**  
**1088 E. ALTAMONTE DR.**

**3. Mailing Address**  
**1088 E. ALTAMONTE DR.**

**Suite, Apt. #, etc.**  
**SUITE 105**

**Suite, Apt. #, etc.**  
**SUITE 105**

**City & State**  
**ALTAMONTE SPRINGS, FL**

**City & State**  
**ALTAMONTE SPRINGS, FL**

**Zip** **32701** **Country** **U.S.A.**

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**4. FEI Number** **59-3640663**

**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**

**MORALES, CARLOS H**  
**32410 WHISPER LAKE LANE**  
**SUITE # H**  
**WINTER PARK FL 32792**

**Name** **MORALES, CARLOS H.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1088 E. ALTAMONTE DR. SUITE 105**  
**ALTAMONTE SPRINGS** **32701**  
**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]* **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	<b>S</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MALDONADO, MARTA</b>	<b>1011 SHOREVIEW DR APT 9</b>	<b>ORLANDO FL 32807-1973</b>				
	<b>VD</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MORALES, JUAN P</b>	<b>1011 SHOREVIEW DR APT 9</b>	<b>ORLANDO FL 32807-1973</b>				
	<b>VD</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MORALES, CARLOS M</b>	<b>1011 SHOREVIEW DR APT 9</b>	<b>ORLANDO FL 32807-1973</b>				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<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:** *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04/11/02 (407) 265-9998.**  
**Date** **Daytime Phone #**

MOORE AV

CR2E034 (9/01)