

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90009 021 ***150.00

DOCUMENT # P00000037738	
1. Entity Name	
M. O. E., INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5020 SW 141ST AVENUE Suite, Apt. #, etc.	3. Mailing Address 5020 SW 141ST AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI FL	4. FEI Number 65-1007494	Applied For Not Applicable
Zip 33175-4822	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name LEONARDO BENITEZ	
Street Address (P.O. Box Number is Not Acceptable) 5020 SW 141ST AV	
City MIAMI	Zip Code 33175-4822

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEONARDO BENITEZ 5020 SW 141ST AVENUE MIAMI FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TREASURER MARIA T BENITEZ 5020 SW 141ST AVENUE MIAMI FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonardo Benitez* **LEONARDO BENITEZ** **2/12/2004** **305-552-8590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #