


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91834 040 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052198 1. Entity Name Mora Investments, Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6495 SW 24th St. Suite, Apt. #, etc.	3. Mailing Address 6495 SW 24th St. Suite, Apt. #, etc.
City & State Miami	City & State Miami
Zip 33155	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Salazar, Lisette Esq.	
	Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave, Suite 200	
	City Miami	FL Zip Code 33131

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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	Carraro, Claudia Lelia 240 Crandon Blvd, Suite 266 Miami, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	Reyes, Jorge L. 6495 SW 24th St. Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** 5/1/03 **Daytime Phone #** _____

CR2E034B (12/02)