2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90034 029 ***150.00

DOCUMENT # P00000073876

1. Entity Name
MOA MOTORS, INC.

Principal Place of Business	Mailing Address
~~4011 W FLAGLER ST, STE 403~~ ~~MIAMI FL 33134~~	~~4011 W FLAGLER ST. STE 403~~ MIAMI FL 33134 12035 SW 14 ST #104 MIAMI FL 33184
2. Principal Place of Business: 12035 SW 14 ST	3. Mailing Address: 12035 SW 14 ST #
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc: #104
City & State: MIAMI FL	City & State: MIAMI FL 33184
Zip: 33184 — Country: MIAMI-DADE	Zip: 33184 — Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1029852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

URGELLIES, OSCAR
~~4011 W FLAGLER ST, STE 403~~
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name: URGELLES, OSCAR
Street Address (P.O. Box Number is Not Acceptable): 12035 SW 14 ST #104
City: MIAMI FL Zip Code: 33184

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] OSCAR URGELLES 02-06-02
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, 2002 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	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	URGELLES, OSCAR		NAME		
STREET ADDRESS	450 SW 66 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	URGELLES, BIANKA H		NAME		
STREET ADDRESS	450 SW 66 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED [signature] 02-06-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)