

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90007 008 ***158.75

DOCUMENT # P00000078734

1. Entity Name

INVERSIONES MORGAN USA, CORP.

Principal Place of Business

401 S.W. 85 AVE. #106
PEMBROKE PINES FL 33025

Mailing Address

401 S.W. 85 AVE. #106
PEMBROKE PINES FL 33025

2. Principal Place of Business

6601 SW 4th Street

Suite, Apt. #, etc.

3. Mailing Address

6601 S.W 4th Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, FL

4. FEI Number

65-0545143

Applied For

Not Applicable

Zip

33023

Country

U.S.A

Zip

33023

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

E & V.GREAT PROFESSIONAL, INC.
5545 S.W. 8TH STREET
SUITE 107
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

Morales, Heidi Yohana

Street Address (P.O. Box Number is Not Acceptable)

6601 SW 4th Street

City

Pembroke Pines

FL

Zip Code

33023

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 Morales, Heidi Yohana

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 5, 2001

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, 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	PD	<input type="checkbox"/> Delete
NAME	DEL CARMEN MORALES, JOSE	
STREET ADDRESS	401 S.W. 85 AVE. #106	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORALES, HEIDI YOHANA	
STREET ADDRESS	401 S.W. 85 AVE. #106	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARZON DE MORALES, GLADYS	
STREET ADDRESS	401 S.W. 85 AVE. #106	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Carmen Morales, Jose	
STREET ADDRESS	6601 SW 4th Street	
CITY-ST-ZIP	Pembroke Pines FL 33023	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morales, Heidi Yohana	
STREET ADDRESS	6601 S.W. 4th Street	
CITY-ST-ZIP	Pembroke Pines FL 33023	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garzon de Morales, Gladys	
STREET ADDRESS	6601 S.W 4th Street	
CITY-ST-ZIP	Pembroke Pines FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Heidi Morales Heidi Yohana Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2001

Date

(954) 966-9149

Daytime Phone #

CR2E034 (10/00)

011218