

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000083118**1. Entity Name
MORPHOUS, INC.

Principal Place of Business

801 S.E. 12TH CT., APT. #2

FT. LAUDERDALE
33316

FL

Mailing Address

801 S.E. 12TH CT., APT. #2

FT. LAUDERDALE
33316

FL

2. Principal Place of Business
400 KINGSPPOINT DR.Suite, Apt. #, etc.
#1201City & State
SUNNY ISLES BEACH

FL

Zip
33160

Country

3. Mailing Address
400 KINGSPPOINT DR.Suite, Apt. #, etc.
#1201City & State
SUNNY ISLES BEACH

FL

Zip
33160

Country

4. FEI Number
65-1036082

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSARIO-GARCIA MARCO
801 S.E. 12TH CT., APT. #2FT. LAUDERDALE
33316

FL

7. Name and Address of New Registered Agent

Name

MILLAN JUAN J

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

#1201

City
SUNNY ISLES BEACH

FL

Zip Code
33160

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 **JUAN J. MILLAN**

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

(NOTE: Registered Agent signature required when reinstating)

04/03/2001

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 VD ☐ Delete
NAME MILLAN JUAN J
STREET ADDRESS 801 S.E. 12TH CT., APT. #2
CITY-ST-ZIP FT. LAUDERDALE FL 33316TITLE PD ☐ Delete
NAME ROSARIO-GARCIA MARCO
STREET ADDRESS 801 S.E. 12TH CT., APT. #2
CITY-ST-ZIP FT. LAUDERDALE FL 33316TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition
NAME MILLAN JUAN J
STREET ADDRESS 400 KINGSPPOINT DR. #1201
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160TITLE PD ☒ Change ☐ Addition
NAME ROSARIO-GARCIA MARCO
STREET ADDRESS 400 KINGSPPOINT DR. #1201
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **JUAN J. MILLAN**

VD

04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)