

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90094 005 \*\*\*550.00

**DOCUMENT # P00000100987**

**1. Entity Name**  
**MOROCCAN IMPORTS, INC.**

**Principal Place of Business**  
**1705 SOUTH FEDERAL HIGHWAY SUITE A-5**  
**DELRAY BEACH FL 33483**

**Mailing Address**  
**1705 SOUTH FEDERAL HIGHWAY SUITE A-5**  
**DELRAY BEACH FL 33483**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1725 S. FEDERAL HWY.**  
**Suite, Apt. #, etc.**  
**SUITE B-7**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**DELRAY BEACH, FL.**

**City & State**

**4. FEI Number**  
**65-1671779**

**Applied For**  
**Not Applicable**

**Zip**  
**33483**

**Country**  
**USA**

**Zip**

**Country**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RUSSELL, MORGAN**  
**1705 SOUTH FEDERAL HIGHWAY SUITE A-5**  
**DELRAY BEACH FL 33483**

**PETER BONITATI BUS**  
**1515 N. FEDERAL HWY**  
**SUITE 222**  
**BOCA RATON FL 33432**

**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]* **PETER N BONITATI BUS**

**7/11/01**  
**DATE**

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

(NOTE: Registered Agent signature required when reinstating)

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☒ **Delete**  
**NAME** **RUSSELL, MORGAN**  
**STREET ADDRESS** **1705 SOUTH FEDERAL HIGHWAY SUITE A-5**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33483**

**TITLE** **PSTD** ☒ **Change** ☐ **Addition**  
**NAME** **KAISTIN SHIVER**  
**STREET ADDRESS** **1725 S. FEDERAL HWY, STE B-7**  
**CITY-ST-ZIP** **DELRAY BEACH, FL 33483**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**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]* **SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7/6/01** **(561) 278-6660**  
**Date** **Daytime Phone #**

CR2E034 (5/01)