

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91183 036 \*\*\*550.00

00069965

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000107668

1. Entity Name

MOCCHI INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

8404 NW 66<sup>th</sup> STREET  
 MIAMI FL 33166  
 US

19630 NW 79<sup>th</sup> PLACE  
 MIAMI FL 333015  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1081857

Applied For

Not Applicable

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

MAZZA-MARTINEZ, TANIA A.  
 782 NW 42 AV. SUITE 638  
 MIAMI FL 33126

Name

JUAN A. CASADEVALL

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

19630 NW 79<sup>th</sup> PL

City

MIAMI

FL

Zip Code

333015

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 A. Casadevall*

JUAN CASADEVALL (PRESIDENT)

05/17/2001

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!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	CASADEVALL, JUAN	
STREET ADDRESS	19630 NW 79 <sup>th</sup> PL	
CITY-ST-ZIP	MIAMI FL 333015	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASADEVALL, NOELIA	
STREET ADDRESS	19630 NW 79 <sup>th</sup> PL	
CITY-ST-ZIP	MIAMI FL 333015	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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 A. Casadevall*

JUAN CASADEVALL

05/17/2001

(305) 829-0714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)