

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114738

1. Entity Name  
MORELI FOODS, INC.

Principal Place of Business

1320 S DIXIE HIGHWAY  
SUITE 840  
MIAMI FL 33146

Mailing Address

1320 S DIXIE HIGHWAY  
SUITE 840  
MIAMI FL 33146

2. Principal Place of Business

1320 South Dixie Hwy  
Suite, Apt. #, etc.  
# 851

3. Mailing Address

1320 South Dixie Hwy  
Suite, Apt. #, etc.  
# 851

City & State

Miami FL  
Zip 33146 Country USA

City & State

Miami FL  
Zip 33146 Country USA

4. FEI Number

65-1062943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SERRONE, ROBERT A ESQ.  
HACKLEY, BERNSTEIN & OSBERG-BRAUN, P.L.  
600 N PINE ISLAND ROAD - SUITE 450  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and site 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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PT ELIZEE, MORANGE 1643 BRICKELL AVENUE #2204 MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ELIZEE, MARIE F 1643 BRICKELL AVENUE #2204 MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	251.25- AR 10.00- ARARY 88.75- AR ARSUK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400.00- AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004616307-7 -10/01/01--01010--015 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

MARIE F ELIZEE

9/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

004694 AV

FILED

01 SEP 25 AM 11:05



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)