

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 022 ***150.00

DOCUMENT # P01000009579

1. Entity Name

MORRAL LOGISTICS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4611 S UNIVERSITY DR

3. Mailing Address

4611 S UNIVERSITY DR

Suite, Apt. #, etc.

137

Suite, Apt. #, etc.

137

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

USA

Zip

33328

Country

USA

4. FEI Number

65-1071989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RICHARD HERNANDEZ

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

4611 S UNIVERSITY DR

137

City

DAVIE

FL

Zip Code

33328

**DO NOT WRITE
IN THIS SPACE**

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 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
RICHARD HERNANDEZ
4611 S UNIVERSITY DR #137
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MAURZEN BORDEN
4611 S UNIVERSITY DR #137
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maurzen Borden MAURZEN BORDEN

4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)