

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90064 024 ***150.00

DOCUMENT # **P010000035574** ✓
1. Entity Name
FERRA-MORAGA CORPORATION, Inc

DO NOT WRITE IN THIS SPACE

B0050177

2. Principal Place of Business
7720 ABBOTT
Suite, Apt. #, etc.
5

3. Mailing Address
SAME AS #2
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

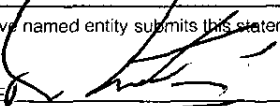
City & State
MIAMI BEACH
Zip
33141
Country
USA

City & State
Zip
Country

4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

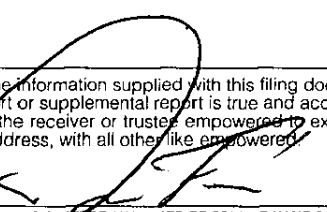
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **RAUL J. FERRA**
Street Address (P.O. Box Number is Not Acceptable)
7720 ABBOTT AVE. #5
City **MIAMI BEACH** **FL** Zip Code **33141**

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  DATE **2/26/02**
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)
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	PRESIDENT RAUL J. FERRA 7720 ABBOTT AV #5 MB FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA MORAGA 7720 ABBOTT AV #5 MB FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.
SIGNATURE:  DATE **2/26/02** 805 861 8873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)