3/19

FILED
May 01, 2002 8:00 am
Secretary of State

03-19-2002 90030 023 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

26027

DOCUMENT # P01000065111

1. Entity Name
MORICATI CORP.

Principal Place of Business	Mailing Address
% SOFIA POWELL-COSIO 1200 BRICKELL AVENUE, STE. 200 MIAMI FL 33131	% SOFIA POWELL-COSIO 1200 BRICKELL AVENUE, STE. 200 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
Number and Street	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1117783 ☐ 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
SOFIA POWELL-COSIO, P.A. 1200 BRICKELL AVE, STE 200 MIAMI FL 33131	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(S) (Typed or printed name of registered agent and title if applicable) (Florida Registered Agent signature required when reinstating) DATE

9. To reinstate the entity administratively the following must be submitted: (1) reinstatement fee and (2) all reports not filed during period of administrative dissolution. ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICER/DIRECTOR CHANGE

P/S/D
AGUIRRE, MARIA SARA
765 CRANDON BLVD, UNIT 405
MIAMI FL 33174

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP*	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP*	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP*	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP*	☐ Change ☐ Addition

CR2E031 (01/00)

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: X María Sara Aguirre
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR (Attach additional sheets if necessary) Date Daytime Phone #

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Attachment

26027

DOCUMENT # P01000065111

1. Entity Name

MORICATI CORP.

2. Principal Place of Business	3. Mailing Address 1390 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. #200
City & State	City & State Miami, FL
Zip / Country	Zip 33131 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117783 ☐ Applied For ☐ Not Applicable

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

Sofia Powell-Cosio
1390 Brickell Avenue #200
Miami, FL 33131

7. Name and Address of Current Registered Agent

Name: Sofia Powell-Cosio

Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue-#200

City: Miami, FL **FL** Zip Code 33131

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	D/P/S	TITLE	
NAME	Maria Sara Aguirre	NAME	
STREET ADDRESS	705 Crandon Blvd.#405	STREET ADDRESS	
CITY-ST-ZIP	Key Biscayne, FL 33149	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: Maria Sara Aguirre 305-579-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT # P01000065111

LAW OFFICE OF
SOFIA POWELL-COSIO, P.A.
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FLORIDA 33131

TELEPHONE (305) 579-9988
FACSIMILE (305) 579-9989

26027

April 16, 2002

State of Florida
Division of Corporations
Annual Report Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Moricati Corp.
Our File No. SPC 01-174

Gentlemen:

As per our telephone conversation of even date, enclosed please find new executed Uniform Business Report (Annual Report) for above captioned.

Per your request, we had a new form typed and signed by Mrs. Maria Sara Aguirre who is the only Director, President and Secretary of this corporation.

If you have any questions, or comments, please do not hesitate to contact our office.

Sincerely,

Sofia Powell-Cosio

SPC: ms
Enclosure