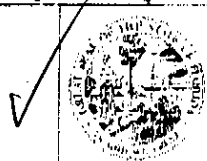


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91017 012 ***150.00

DOCUMENT # **P01000065111**1. Entity Name
MORICATI CORP.

Principal Place of Business
**C/O SOFIA POWELL-COSIO PA
1900 S.W.3RD AVE.
MIAMI FL 33128**

Mailing Address
**C/O SOFIA POWELL-COSIO PA
1900 S.W.3RD AVE.
MIAMI FL 33129**



2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

☐ CHECK HERE IF MAILING CHANGES

City & State

City & State

4. FEI Number **65-1117783**
☐ ADDITIONAL
NOT A REQUEST

Zip

Country

Zip

Country

5. Certificate of Status Entered ☐ **\$8.75 Additional
Fee Request**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL-COSIO, SOFIA
1390 BRICKELL AVENUE-SUITE 200
MIAMI FL 33131**

Name **SOFIA POWELL-COSIO P.A.**

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

1900 S.W. 3RD AVE.City **MIAMI**

FL

33129

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. This change does not affect the obligations of registered agent.

SIGNATURE **Sofia Powell-Cosio**

Signature is printed in permanent ink and is not a photocopy or reproduction.

Signature of Registered Agent is printed in permanent ink and is not a photocopy or reproduction.

DATE

FILE NOW!!! FEE IS \$150.00.**After May 1, 2003 fee will be \$550.00.****Make Check Payable to Florida Department of State**9. Alert on Campaign Financing
Trust Fund Code to Use ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE 11)

TITLE	PSD	☐ Delete
NAME	AGUIRRE, MARIA SARA	
STREET ADDRESS	705 CRANDON BLVD. UNIT 4065	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied is true and that I am qualified for the exemption stated in Section 190.37(1)(b), Florida Statutes. I further certify that the information indicated on this report is true and correct and that my signature shall have the same legal effect as if made under oath by me or a duly authorized officer of the corporation or the partnership or sole proprietorship. This report is required by Chapter 902, Florida Statutes, and that my name appears in Element 12. If the name of the corporation or partnership or sole proprietorship has changed, or if the information is not correct, with an officer, with an authorized employee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expires On

CR2E034 11/0/02