


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0100070709</b>			
1. Entity Name <b>NUEVO MUNDO RANCH, CORPORATION</b>			
Principal Place of Business 19375 S.W. 136TH STREET MIAMI, FL 33196		Mailing Address 19375 S.W. 136TH STREET MIAMI, FL 33196	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		4. FEI Number <b>02-0553281</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KABA, MOISES III 7961 S.W. 40TH STREET MIAMI, FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Moses Kaba</i>		4/30/03 Date	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing.)			
FILE NOW! FEE IS \$150.00 After May 1, 2003, fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABA, MOISES III 7961 S.W. 40TH ST SUITE 208 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Moses Kaba</i>		4/30/03 (305) 667-9229 Date Daytime Phone #	
Signature and typed or printed name of signing officer or director			

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CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)