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

## P01000079687 **DOCUMENT #**

1. Entity Name

MOCHA BOY MANAGEMENT, INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90149 024 \*\*\*150.00

Principal Plac 225 NE MIZNE BOCA RATON	R BLVD STE 524	225 N	Mailing Address 225 NE MIZNER BLVD STE 524 BOCA RATON FL 33432									
2. Principal Place of Business		3. Mai	3. Mailing Address									
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e	City	City & State			4.	4. FEI Number 45-0472111			J—	pplied For ot Applicable	
Zip Country		Zip	Zip		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
····	6. Name and Addres	s of Current Registere	egistered Agent			7.	7. Name and Address of New Registered Agent					l
					Name							l
STA.ANA,	DELANO N		Stree			t Address (P.O. Box Number is Not Acceptable)						
225 NE M	IZNER BLVD STE 524			Charles and the partition of the charles and t								
BOCA RA	TON FL 33432											l
					City				F	Zip Cod	de	l
the obligat	named entity submits thinions of registered actent.	- )		registere	ed office or reg	gistered a	gent, or both, i	n the State of	Florida. I a	m familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of	of registered agent and title if app	licable. (NOTI	E: Registered	d Agent signature re	equired when	reinstating)		DATE			
F Afte	ILE NOW!!! FEE IS r May 1, 2003 Fee will k Payable to Florida De	\$150.00 be \$550.00					on Campaign Fund Contribu			00 May Be d to Fees		
10.	OF	FICERS AND DIRECTO	RS	11.		Α	DDITIONS/CH	ANGES TO O	FFICERS A	ND DIRECTOF		۽ ا
TITLE NAME STREET ADORESS CITY-ST-ZIP	P STAANA, DELAND N 225 NE MIZNER BLV BOCA RATON FL 33		☐ Delete	1	- 1					☐ Change	☐ Addition	1001
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.s. <b></b>	☐ Delete		•	Park (		.e		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					view.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information	supplied with this filing	Delete  Delete	CITY	E ET ADDRESS - ST-ZIP	in Section	n 119.07(3)(i), i	Florida Statute	s. I further	☐ Change	☐ Addition	

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: