

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90489 006 ***150.00

DOCUMENT # P02000070787

1. Entity Name
MORENO GENERAL SERVICES CORPORATION



Principal Place of Business
**12000 NE 16 AVE APT #C303
N MIAMI FL 33161**

Mailing Address
**12000 NE 16 AVE APT #C303
N MIAMI FL 33161**

2. Principal Place of Business

3350 NW 101 ST APT 1

3. Mailing Address

3350 NW 101 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

Country

33137

Zip

Country

33147

4. FEI Number

X 01-0731318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORENO, ENRIQUE A
12000 NE 16 AVE APT #C303
N MIAMI FL 33161**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
MORENO, ENRIQUE A
12000 NE 16 AVE APT #C303
N MIAMI FL 33161**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**3350 NW 101 ST APT 1
MIAMI FL. 33147**

☒ Change ☐ Addition

TITLE
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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)(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 10 or Block 11 if changed, or on an attachment with an address with an officer-like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

Daytime Phone #

CR2E034 (10/02)