

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90691 003 ***150.00

DOCUMENT # P02000095466

1. Entity Name
MOVILI COMPANY



Principal Place of Business
12962 NW 23RD ST
PEMBROKE PINES FL 33028

Mailing Address
12962 NW 23RD ST
PEMBROKE PINES FL 33028



2. Principal Place of Business

3. Mailing Address

12962 NW 23st

12962 NW 23st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pine, FL

City & State

Pembroke Pine, FL

Zip

33028

Country

Zip

33028

Country

4. FEI Number

02-0641154

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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 **PSTD** ☐ Delete
NAME **RAGGGI, LILIANA**
STREET ADDRESS **26962 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
NAME **ELENA, VICTOR**
STREET ADDRESS **26962 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
NAME **KUCHER, MONICA**
STREET ADDRESS **26962 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *Liliana Raggi* Pres. 1-20-03 954-4422931

CR2E034 (10/02)