

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91766 009 ***150.00

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

DOCUMENT # P02000110131			
1. Entity Name MORS INVESTMENTS, INC.			
Principal Place of Business 1960 NE 163RD ST., SUITE 203 N. MIAMI BCH, FL 33162		Mailing Address 1960 NE 163RD ST., SUITE 203 N. MIAMI BCH, FL 33162	
2. Principal Place of Business 1960 NE 161st Street Suite, Apt. #, etc. Suite 203		3. Mailing Address 1960 NE 161st Street Suite, Apt. #, etc. Suite 203	
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33162		Country Dade	
4. FEI Number 37-1445794		☐ CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIVEROS, MELQUISEDEC O 1960 NE 163RD ST., SUITE 203 N. MIAMI BCH, FL 33162			
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting.)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VIVEROS, MELQUISEDEC O 1960 NE 163RD ST., SUITE 203 N. MIAMI BCH, FL 33162		1960 NE 161st Street, Suite 203 N. Miami Beach, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VD VASQUEZ, ROSA S 4718 ADAM ST. HOLLYWOOD, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 all other lines empowered.			
SIGNATURE: <u>Melquisedec O. Viveros</u> 4/29/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

90128542



CR2E034 (10/02)