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May 05, 2003 8:00 am
Secretary of State
05-05-2003 90257 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000112762

1. Entity Name
MORDANTO, CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
10880 Bal Harbor Dr	10880 Bal Harbor Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. FEI Number: 30-0122766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Claudia Huebsch

Street Address (P.O. Box Number is Not Acceptable): 10880 Bal Harbor Drive

City: Boca Raton FL Zip Code: 33498

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 title if applicable. NOTE: Registered Agent signature required when reinstating.

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	President Claudia L. Huebsch 10880 Bal Harbor Drive Boca Raton, FL 33498
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CR2E034R (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia L Huebsch 4/28/03 (561)8830429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #