

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

DOCUMENT # P.02000119023

1. Entity Name

THE M.O. COLLECTION INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3801 SOUTH OCEAN DR

Suite, Apt. #, etc.

11-J

City & State

HOLLIWOOD FL.

Zip

33019

Country

U.S.A

3. Mailing Address

3801 SOUTH OCEAN DR

Suite, Apt. #, etc.

11-J

City & State

HOLLIWOOD FL.

Zip

33019

Country

U.S.A

FILED

03 SEP 16 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100023306101

09/24/03--01065--002 \*\*\$500.00

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4. FEI Number

82-0571280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH OLIVA

Street Address (P.O. Box Number is Not Acceptable)

3801 SOUTH OCEAN DR

11-J

City

HOLLIWOOD

FL

Zip Code

33019

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT.  
MARTHA OLIVA  
3801 SOUTH OCEAN DR. 11-J.  
HOLLIWOOD FL. 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT. SECRETARY  
JOSEPH OLIVA  
3801 SOUTH OCEAN DR 11-J  
HOLLIWOOD FL. 33019

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

T&E

13. 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 11 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 #