2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P940(

P94000054025

Mailing Address 6042 CORAL WAY

1. Entity Name

Principal Place of Business 6042 CORAL WAY

MORÁIMA FEAL, ATTORNEY AT LAW, P.A.



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

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MIAMI FL 33155			MIA	MIAMI FL 33155				£ 1841:84: 118 (41) BIBL 4014 4014 6014			
2 Principal I	Place of Riveir	2005		In lines Address of							
2. Principal Place of Business				3. Mailing Address				, , , , , , , , , , , , , , , , , , , ,		***************************************	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				ity & State				0070014270		Applied For Not Applicable	
Zip Country		Z	Zip		Country		5. Certificate of Status Desired See Required				
	6. Name	and Address	of Current Registe	red Agent ~	-	· The r	- 7~	Name and Address of New Regist			
FEAL MORNING ATTV						Name	Name				
	DRAIMA ATT	Y		Stre			treet Address (P.O. Box Number is Not Acceptable)				
6042 CORAL WAY MIAMI-FL 33155							(
1 2 30 130						1		7		.,,	
<u> </u>						City FL Zip Code					
8. The above	named entity tions of regist	submits this	statement for the pu	rpose of changing it	s registere	d office or reg	istered ag	ent, or both, in the State of Florida.	I am familiar wi	th, and accept	
the obligat	tions or registi	ereo agent.									
SIGNATURE .	Signature typed	or printed name of r	egistered agent and title if a	policable (AIC	TE. Cariata a						
				Spricable: (NO	TE: Hegistered	Agent signature rec	quirea when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						•		9. Election Campaign Financin	g \$5	.00 May Be	
Maké Check Payable to Florida Department of St				tate				Trust Fund Contribution.	☐ Add	ded to Fees	
10.		OFF	CERS AND DIRECT	ORS	11.		AC	L DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11	
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name Street address .	FEAL, MOR 6042 COR				NAME						
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111-01-7 1					CITY-S	ı⊺-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

1-15-03

305 669-8720 Daytime Phone # CR2E034 (10/0