

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000047449**

1. Entity Name

**MOTO MUNDI, INC.****FILED****Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90345 004 \*\*\*150.00

Principal Place of Business <b>401 69 STREET SUITE 5-N MIAMI BEACH FL 33141</b>	Mailing Address <b>4119 NO STATE ROAD SEVEN STE A 101 FORT LAUDERDALE FL 33319 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0590376</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DE OLIVEIRA, LAURA R  
401 69 STREET SUITE 5-N  
MIAMI BEACH FL 33141**

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.**

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FERREIRA, RICARDO L	401 69 STREET SUITE 5-N	MIAMI BEACH FL 33141	
SD	DE OLIVEIRA, LAURA R	401 69 STREET SUITE 5-N	MIAMI BEACH FL 33141	
TD	SALLES, ELIZABETH L	401 69 STREET SUITE 5-N	MIAMI BEACH FL 33141	
VD	FERREIRA, PAULO L	401 69 STREET SUITE 5-N	MIAMI BEACH FL 33141	
TD	FERREIRA, IVO L	401 69 STREET SUITE 5-N	MIAMI BEACH FL 33141	
VD	FERREIRA, CARLOS L	401 69 STREET SUITE 5-N	MIAMI BEACH FL 33141	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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 Block 12 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 #

CR2E034 (10/00)