

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062535

1. Entity Name

MORENO FAMILY INVESTMENTS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90019 017 ***158.75

0183475

Principal Place of Business
6500 W 4 AVE
HIALEAH FL 31012-6870

Mailing Address
3400 CORAL WAY
SUITE 600
MIAMI FL 33145-3053
US

2. Principal Place of Business
66XX COWPEN ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Lakes, FLA.

City & State

Zip
33015

Country
Dade

Zip

Country

4. FEI Number **65-0606029**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORENO, ALFREDO
8865 NW 189 TERR.
MIAMI FL 33015

7. Name and Address of New Registered Agent
Name **MARIA ELENA PENAFIEL**
Street Address (P.O. Box Number is Not Acceptable)
3400 CORAL WAY ; SUITE 600
City **MIAMI,** FL Zip Code **33145-3053**

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.

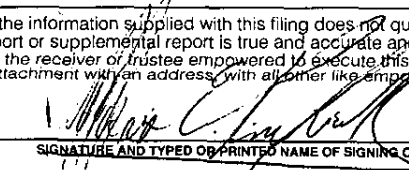
SIGNATURE  DATE **1/10/2001**

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	S	<input checked="" type="checkbox"/> Delete	TITLE	Pres./ Sec. / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORENO, ALFREDO		NAME	MARIA ELENA PENAFIEL	
STREET ADDRESS	8865 NW 189 TERR		STREET ADDRESS	3400 CORAL WAY ; #600	
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP	MIAMI, FLA. 33145-3053	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **MARIA ELENA PENAFIEL, Pres.** DATE **1/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

(305) 826-4041

CR2E034 (10/00)