

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91189 041 ***150.00

DOCUMENT # 495 000091038
1. Entry Name Moreno Guerra INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7151-7153 Pembroke Rd Suite, Apt. #, etc.
3. Mailing Address 16305 NW 23 St. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Pembroke Pines, FL City & State Pembroke Pines, FL 4. FEI Number 65-0646213 Applied For Not Applicable
Zip 33024 Country USA Zip 33028 Country
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Peter Feld PA.
Street Address (If C. Box Number is Not Applicable) 629 SW 1st Ave
City Ft. Lauderdale, FL FL Zip Code 33301

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 _____ (Sign third, seventh or tenth of the registrant if more than one is applicable) (NOTE: Registered Agent signature is required with financing) 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	<u>Juan Guerra Moreno - Pres</u>	
STREET ADDRESS	<u>16305 NW 23 St.</u>	
CITY-ST-ZIP	<u>Pembroke Pines, FL 33028 SCL</u>	
NAME	<u>V. Pres</u>	
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: _____ 4-29-02 454-205-8809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expires (Month/Day/Year)

CR2E034B (12/01)