

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-31-2002 90330 045 ***150.00

DOCUMENT # ~~P97000075498~~

1. Entity Name

MOC 800, INC.

P97000075498

Correction

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 N.W. 29TH AVE

3. Mailing Address

2567 S.E. 7 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

HOMESTEAD, FL

4. FEI Number

65-0824988

Applied For

Not Applicable

Zip

33125

Country

Zip

33033

Country

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

7. Name and Address of Current Registered Agent

Name

RUDOLFO ESPINOSA

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

900 N.W. 29TH AVE

City

MIAMI

FL

Zip Code

33125

DO NOT WRITE
IN THIS SPACE

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

RUDOLFO ESPINOSA

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

(NOTE: Registered Agent signature required when reinstating)

April 14 2002

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-ZIPPRESIDENT / DIRECTOR
RUDOLFO ESPINOSA
900 N.W. 29TH ST
MIAMI, FL 33125TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSECRETARY / DIRECTOR
JACK Mc GOWEN
2567 S.E. 7 CT
HOMESTEAD, FL 33033TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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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:

JACK Mc GOWEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15 2002

Date

305 230 8884

Daytime Phone #

CR2034B (12/01)