

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070207

1. Entity Name

MOA DISTRIBUTORS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90105 016 \*\*\*150.00

Principal Place of Business

Mailing Address

~~6555 NW 36TH STREET~~

~~6555 NW 36TH STREET~~

~~MIAMI FL 33166~~

~~SUITE 301-140~~

~~MIAMI FL 33166~~

2. Principal Place of Business

3. Mailing Address

6555 NW 36 ST. STE. 301

6555 NW 36 ST. STE. 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

Country

33166

USA

Zip

Country

33166

USA

4. FEI Number

65-0857331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOREL, RAFAEL A  
 1170 N.W. 124TH AVE.  
 MIAMI FL 33182

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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          | PSTD                               | <input type="checkbox"/> Delete |
| NAME           | MOREL, RAFAEL A                    |                                 |
| STREET ADDRESS | 1170 N.W. 124TH AVE.               |                                 |
| CITY-ST-ZIP    | MIAMI FL 33182                     |                                 |
| TITLE          | <del>PD</del>                      | <input type="checkbox"/> Delete |
| NAME           | <del>ORTIZ, JUAN R</del>           |                                 |
| STREET ADDRESS | <del>10000 S.W. 84TH ST. #F6</del> |                                 |
| CITY-ST-ZIP    | <del>MIAMI FL 33176</del>          |                                 |
| TITLE          | <del>TD</del>                      | <input type="checkbox"/> Delete |
| NAME           | <del>AGUIRRE, RICHARD F</del>      |                                 |
| STREET ADDRESS | <del>701 S.W. 22ND AVE.</del>      |                                 |
| CITY-ST-ZIP    | <del>FT. LAUDERDALE FL 33312</del> |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

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

*Rafael A. Morel* *Rafael Morel* 4/26/00 (305) 710-0080  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)