

FILED  
Apr 17, 2003 8:00 am  
Secretary of State

04-17-2003 90168 024 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000098162

1. Entity Name  
**M & O INVESTMENTS, INC.**



**10076245**

Principal Place of Business  
7549 ANDORRA PL  
BOCA RATON, FL 33433

Mailing Address  
22130 BELMAR DR #1207  
BOCA RATON, FL 33433

2. Principal Place of Business  
7549 ANDORRA PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

Zip Country  
33433 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0901659**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BAR-CHAIM, MORDECHAI  
7549 ANDORRA PL  
BOCA RATON, FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when validating)

DATE

FILE NOW! **FILE FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAR-CHAIM, MORDECHAIM 7549 ANDORRA PL BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP NAME STREET ADDRESS CITY-ST-ZIP	BAR-CHAIM, ORLENE Z 7549 ANDORRA PL BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mordechai Bar-Chaim* **4/14/03 (5b)706-7096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004 (10/02)