

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90011 018 ***150.00

DOCUMENT # P99000061604

1. Entity Name

MOSLEY HOLDINGS, INC.

Principal Place of Business	Mailing Address
21299 ROCKLEDGE LANE BOCA RATON, FLORIDA 33428	21299 ROCKLEDGE LANE BOCA RATON, FLORIDA 33428

2. Principal Place of Business	3. Mailing Address
8401 N.W. 53 TERRACE	8401 N.W. 53 TERRACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#105	#105

City & State	City & State
MIAMI, FLORIDA	MIAMI, FLORIDA

Zip	Country	Zip	Country
33166	U.S.A.	33166	U.S.A.

4. FEI Number	Applied For
65-0935472	Not Applicable

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

DO NOT WRITE IN THIS SPACE

80101481

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORIZONDO, M. TERESA
~~9794 N.W. 29th Terrace~~
 MIAMI, FLORIDA 33172

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	D, P, S, T	Delete
NAME	ABELLO, OSCAR J.	
STREET ADDRESS	21299 ROCKLEDGE LANE	
CITY - ST - ZIP	BOCA RATON, FLORIDA 33428	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Change	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: *M. Teresa Orizondo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00 305-629-8889
 Date Daytime Phone #