

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061604

1. Entity Name
MOSLEY HOLDINGS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90405 021 ***150.00

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| Principal Place of Business 21299 ROCKLEDGE LANE BOCA RATON FL 33428 | Mailing Address 21299 ROCKLEDGE LANE BOCA RATON FL 33428 |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 8401 N.W. 53 rd Terrace Suite 105 Miami, Florida 33166 | 3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country |
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|---|--------------------------------|
| 4. FEI Number 65-0935472 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
ORIZONDO, M. TERESA
1210 S.W. 76TH COURT
MIAMI FL 33134
8401 N.W. 53rd Terrace
Suite 105
Miami, FL 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Please change address
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 *M. Teresa Orizondo* DATE 4/30/01
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABELLO, OSCAR J 21299 ROCKLEDGE LANE BOCA RATON FL 33428 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST ABELLO, OSCAR J 21299 ROCKLEDGE LANE BOCA RATON FL 33428 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M. TERESA Orizondo - Sec. Treasurer 8401 N.W. 53 rd Terrace, Suite 105 Miami, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 - Sec. Treasurer* 4/30/01 305-629-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)