

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93597 016 \*\*\*150.00

DOCUMENT # **P99 0000 87413**

1. Entity Name

**MOS BONI, INC.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**166 S. SEMORAN BLVD**

3. Mailing Address

**166 S. SEMORAN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FL**

4. FEI Number

**59-360 2713**

Applied For

Not Applicable

Zip

**32807**

Country

**ORANGE**

Zip

**32807**

Country

**ORANGE**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Gloria Mosquera**

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

**4117 S. SEMORAN BLVD**

City

**ORLANDO**

FL

Zip Code

**32822**

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

*Gloria Mosquera*

(NOTE: Registered Agent Signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1<sup>st</sup> - May 1<sup>st</sup> Fee is: \$150.00

After May 1<sup>st</sup> 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

**OFFICERS AND DIRECTORS**

TITLE: **P/D**  
NAME: **GLORIA MOSQUERA**  
STREET ADDRESS: **4117 S. SEMORAN BLVD #19**  
CITY-ST-ZIP: **ORLANDO, FL 32822**

TITLE: **STD**  
NAME: **OSCAR BONILLA**  
STREET ADDRESS: **4117 S. SEMORAN BLVD #19**  
CITY-ST-ZIP: **ORLANDO, FL 32822**

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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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 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:

*Gloria Mosquera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

Date

Daytime Phone #

**321-235-0089**

CR2E034B (12/01)