

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109228

1. Entity Name

MOCHUELO INVESTMENT CORP.

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90140 030 \*\*\*550.00

Principal Place of Business

2500 WESTON ROAD  
 SUITE 105  
 WESTON FL 33143

Mailing Address

2500 WESTON ROAD  
 SUITE 105  
 WESTON FL 33143

2. Principal Place of Business

2645 EXECUTIVE PARK DR.

3. Mailing Address

2645 EXECUTIVE PARK DR.

Suite, Apt. #, etc.

125

Suite, Apt. #, etc.

125.

City & State

Weston FL

City & State

Weston, FL

4. FEI Number

65-0982015

Applied For

Not Applicable

Zip

33351

Country

Broward

Zip

33331

Country

Broward

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

GONZALEZ, DON ESQ.  
 9050 PINES BLVD.  
 SUITE 450-F  
 PEMBROKE PINES FL 33024

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, 2001 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 P  
 NAME RAMIREZ, DIEGO ☐ Delete  
 STREET ADDRESS 2500 WESTON ROAD SUITE 105  
 CITY-ST-ZIP WESTON FL 33143

TITLE  
 NAME DIEGO RAMIREZ (Pres) ☒ Change ☐ Addition  
 STREET ADDRESS 2645 EXECUTIVE PARK DR # 125.  
 CITY-ST-ZIP WESTON FL. 33331.

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)