

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-17-2001 90140 030 ***550.00

DOCUMENT # P99000109228

1. Entity Name
MOCHUELO INVESTMENT CORP.

Principal Place of Business Mailing Address
2500 WESTON ROAD **2500 WESTON ROAD**
SUITE 105 **SUITE 105**
WESTON FL 33143 **WESTON FL 33143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2645 EXECUTIVE PARK DR. **2645 EXECUTIVE PARK DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
125 **125.**

City & State City & State
Weston FL **Weston, FL**

4. FEI Number Applied For
65-0982015 Not Applicable

Zip Country Zip Country
33351 Broward **33331 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

TITLE Change Addition
 NAME **DIEGO RAMIREZ (PRES)**
 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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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 which is otherwise empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)