

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90048 036 \*\*\*158.75

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**DOCUMENT # S03392**

1. Entity Name  
**MORA ENGINEERING CONTRACTORS, INC.**



Principal Place of Business  
**9600 W. SAMPLE ROAD  
SUITE 401  
CORAL SPRINGS FL 33065**

Mailing Address  
**9600 W. SAMPLE ROAD  
SUITE 401  
CORAL SPRINGS FL 33065**

2. Principal Place of Business  
**9660 W. Sample Road  
Suite, Apt. #, etc.  
SUITE 101  
Coral Springs FL**

3. Mailing Address  
**9660 W. Sample Road  
Suite, Apt. #, etc.  
SUITE 101  
Coral Springs, FL**

City & State  
**Coral Springs, FL**

Zip  
**33065** Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0226657**

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

6. Name and Address of Current Registered Agent  
**MORA, CARLOS V.  
9600 NW 25TH COURT  
CORAL SPRINGS FL 33065**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORA, CARLOS V	
STREET ADDRESS	9600 N.W. 25TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	AVT	<input type="checkbox"/> Delete
NAME	MORA, MONICA S	
STREET ADDRESS	9600 N.W. 25TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	EVS.	<input type="checkbox"/> Delete
NAME	NOURY, MICHEL E	
STREET ADDRESS	4859 NW 53 CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michel E. Noury 1/7/03 954-752-8065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)