2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$58268

1. Entity Name

MORSA CORPORATION

FILED
Jun 06, 2001 8:00 am
Secretary of State
06-06-2001 90008 044 ***150.00

Principal Place of Business 100 WEST CYPRESS CREEK RD. SUITE 700 FT. LAUDERDALE FL 33309-2165		Mailing Address 100 WEST CYPRESS CREEK SUITE 700 FT. LAUDERDALE FL 33305								
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Suite, Apt.	. #, e tc.	Suite, Apt. #, etc.		ŀ		DO NOT W	RITE IN TH	IS SPAC	JE.	
City & Stat	to	City & State		4. F	El Number	65-02740)44			plied For
Zip	Country	Zip	Country	_			·	¢o.	75 Add	t Applicable
Ζip	Obdinity	214	Country	5. 0	Certificate of S	Status Desired	d 🗆		Require	
	6. Name and Address of Current	Registered Agent		7. N	Name and Ad	idress of Nev	v Registere	d Agen	t	
○ DE	THEROON CERMIN FOO		Name							
GREENSPOON, GERALD ESQ 100 WEST CYPRESS CREEK ROAD			Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
	E 700									
FT. L	AUDERDALE FL 33309		City			· 			Zin Code	
			City				F		Zip Code	,
8. The above	e named entity submits this statement fo	the purpose of changing its r	registered office or rec	gistered age	ent, or both, i	n the State of	Florida.			
SIGNATURE.	Clearly bearing white deeper of registered court	MOI	Payintared Apent symptoms to	anuired when re	inetation)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature re	equired when re	instating)		DATE			
9. This corpo	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible	FILE NOW	FEE IS \$150.00		10. Election	on Campaign	Financing			0 May Be
9. This corpo	Signature, typed or printed name of registered agent	FILE NOW	FEE IS \$150.00 11 Fee will be \$550	.00	10. Election	on Campaign Fund Contribu	Financing			May Be to Fees
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indicated on misrepoil of supplemental report is true and accurate and marry signature shall have the same legal effect as it made under oath, that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report is 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 an other like empowered

SIGNATURE:

RINTED NAME OF SIGNING OFFICER IR DIRECTOR

Date

Daytime Phone #