## 2000 UNIFORM BUSINESS REPORT (UBR) Jul 06, 2000 8:00 am N99 00000 3036" DOCUMENT # 1. Entity Name **Secretary of State** Moratorium 2000, Inc. 07-06-2000 90007 028 \*\*\*\*70.00 Principal Place of Business Mailing Address nanc7996 3. Mailing Address 2. Principal Place of Business Mills Drive wren 8306 16 Suite, Apt. #, etc. PMB 607 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE New orleans Applied For 4. FEI Number 65:093 Not Applicable Country USA A 2 U \$8.75 Additional 70 N.S 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Magdaleno Rose-Avila Corporation System 8306 Mills DR PMB607 Street Address (P.O. Box Number is Not Acceptable) South Pine Island Miami FL 33183 1200 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. VICKY GOLDSTEIN 6-23-00 SPECIAL ASSISTANT SECRETARY FILE NOW 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ☐ Addition TITLE Change TITLE ☐ Delete P/D Tom Buffaloe 931 Barracks NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New Orleans ☐ Addition Change TITLE Delete TITLE 5/T/D NAME NAME Bill Quigley STREET ADDRESS STREET ADDRESS St. Charles Ave. 70118 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Pat Clark N<u>AM</u>E 1501 Cherry 5%. STREET ADDRESS STREET ADDRESS 19102 CITY-ST-ZIP Philadelphia PA CITY-ST-ZIP ☐ Addition ☐ Change TITLE margaret Maggio 3009 Grand Rove St-John #5 NAME STREET ADDRESS STREET ADDRESS New Orleans LA 70/19 CITY-ST-ZIP CITY-ST=ZIP ☐ Change Addition TITLE ☐ Delete Barbara Major NAME NAME 1020 St. Andrew St. 7013 U New Orleans LA 7013 U STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TIT) F Helen Prejean 3009 Grand Route St. John #5 Helen NAME NAME STREET ADDRESS STREET ADDRESS Orleans LA CITY-ST-7IP CITY-ST-ZIP 7019 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 617, 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.

Daytime Phone #

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HHACHMENT DHN9900003036 Dw67996

Director Michael Radelet 1224 NW 36th Ter. Gainesville, FL 32605

Director Magdaleno Rose-Avila 8306 Mill Dr., #607 Miami, FL 33183