

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2001 90012 034 ***150.00

DOCUMENT # P96000013550

1. Entity Name
MOON 68, INC.

Principal Place of Business
**10101 E. BAY HARBOR DR., #708
 MIAMI FL 33154**

Mailing Address
**10101 E. BAY HARBOR DR., #708
 MIAMI FL 33154**

2. Principal Place of Business
2841 NE 163ST.

3. Mailing Address
COND. PLAZA DEL MAR

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.
1403

City & State
N. MIAMI BEACH - FL

City & State
ISLAVERDE CAROLINA / P.R.

Zip
33160

Country
USA

Zip
00979

Country
USA

4. FEI Number **65-0643931**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAGLIMBENI, FELIPE C
 10101 E. BAY HARBOR DR., #708
 MIAMI FL 33154**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS SAGLEMBENI, FELIPE C 10101 E. BAY HARBOR DR., #708 MIAMI FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

04/14/01 (787) 405-9599
Date Daytime Phone #

CR2E034 (10/00)