

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **S73175**

FILED 90500

1. Entity Name
MOONSHADOW X-PRESS INC.

00 SEP -7 PM 2:18

Principal Place of Business
2732 SW 15 ST
DEERFIELD BEACH FL 33442

Mailing Address
2732 SW 15 ST
DEERFIELD BEACH FL 33442-6063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0286478		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SESTI, VICTORIA 2732 SW 15 ST DEERFIELD BEACH FL 33442				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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESTI, VICTORIA			NAME	500003417515-3		
STREET ADDRESS	2732 SW 15 ST			STREET ADDRESS	-10/06/00--01115--023		
CITY-ST-ZIP	DEERFIELD BEACH FL			CITY-ST-ZIP	****150.00 ****150.00		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESTI, VICTORIA			NAME			
STREET ADDRESS	2732 SW 15 ST			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Victoria L. Sesti VICTORIA L. SESTI, president 8/31/00 (954) 425-4348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

205
08/31/00

To: Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

From: Moonshadow X-Press, Inc.
2732 S.W. 15 St
Deerfield Beach, FL 33442

FEI #: 65-0286478

To Whom it may concern:

I was unable to pay this enclosed \$150. on time due to an automobile accident occurring 3/27/00.

I am still recovering but strongly hope to keep my business going, and at this time would like to ask for your understanding on the issue of the past due amount of \$550. due.

Following is information pertaining to my doctors and my attorney which hopefully will help you to make this decision on my behalf as this accident has caused many problems and drawbacks for me already. Please feel free to contact Peter N. Feld, my attorney, on my behalf if you need to.

Peter N. Feld, P.A.
Attorney at Law
629 S.W. 1 Avenue
Fort Lauderdale, FL 33301
(954) 462-1000

Dr. Fernando Norona, M.D.
Neurologist
Central Boca Medical Center
950 N.W. 9 Court
Boca Raton, FL 33486
(561) 338-5777

Dr. Richard H. Keller, D.D.S., M.P.S., N.M.D.
TMJ, Head Injury, Facial Pain
Kingston Plaza
8251 W. Broward Blvd., #201
Plantation, FL 33324
(954) 473-5020

Reda F. Sorial, M.D., P.A.
Urology
601 Sample Road, #106
Pompano Beach, FL 33064
(954) 785-0525

Dr. John E. Vinsant Jr., M.D.
Orthopaedic Doctor
1050 N.W. 15 Street, #102A
Boca Raton, FL 33486
(561) 395-4911

North Broward Medical Center
201 E. Sample Road
Pompano Beach, FL 33064
(954) 786-6400

I would like for you to also know that this late-payment was unintentional, I just happened to be at the wrong place at the wrong time at the time of this accident. I have recovered somewhat now and am trying to pick up the pieces of the past five months. Contact me at any time, also please leave a message if I do not answer the phone, I will return your call as soon as possible. Meantime, I do hope that you will accept my check along with my apology on its lateness.

Sincerely,
Victoria L. Sesti,
President