2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000040330

Entity Name: STARS AND MOON, INC.

FILED Sep 08, 2002 Secretary of State

Entity Nai	me: STARSAN	D MOON, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1640 NW 10TH AVE HOMESTEAD, FL 33030				13953 SW 66 STREET #407 MIAMI, FL 33183		
Current M	lailing Address	:	New Mail	ing Address:		
13953 SW APT 407 MIAMI, FL	66TH STREET 33183		13953 SW #407 MIAMI, FL	66TH STREE	ĒΤ	
FEI Number:	: 65-0498214	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	l Address of	New Registered Agent:	
13953 ŚW APT 407 MIAMI, FL The above	e of Florida.	bmits this statement for the	ourpose of changing	its registered	office or registered agent, or both,	
		Signature of Registered Ag	ent		Date	
Election Car		eatisfy its Intangible Tax filing red Frust Fund Contribution (). ORS:	•		S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KALOF, GREGOI 1640 NW 10TH A HOMESTEAD, FL	VE . 33030	Title: Name: Address: City-St-Zip:	KALOF, GREC 13953 SW 66 MIAMI, FL 33	STREET, #407 183	
Title: Name: Address: Citv-St-Zip:	TSD () E PEDRAZA, JUNT 13971 SW 270TH NARANJA, FL 33	STREET	Title: Name: Address: Citv-St-Zip:	TSD () PEDRAZA, JU 1640 NW 10 A MIAML FL 33	AVENUE	

Name: KALOF, NATEÉ
Address: 1640 NW 10 AVE
City-St-Zip: HOMESTEAD, FL

() Delete

Title:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GREGORY E. KALOF PD 09/08/2002

() Change () Addition