

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

01-23-2002 90099 046 ****61.25

DOCUMENT # 718990

1. Entity Name

MOFFETT CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

808 MOFFETT ST.
 HALLANDALE FL 33009

808 MOFFETT ST.
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1318645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARION, CELESTE
 808 MOFFETT ST, #5
 HALLANDALE FL 33009

Name **VERONICA AGUILAR**

Street Address (P.O. Box Number is Not Acceptable)

808 MOFFETT ST #5

City **HALLANDALE**

FL

Zip Code **33009**

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

Veronica Aguilar

Veronica Aguilar

1-12-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
 NAME **DEL CRISTO, RAMON**
 STREET ADDRESS **808 MOFFETT STREET #1**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **DS** ☒ Delete
 NAME **MARTENS, MARTY**
 STREET ADDRESS **808 MOFFETT ST. #7**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **TD** ☒ Delete
 NAME **AGUIAR, VERONICA**
 STREET ADDRESS **808 MOFFETT STREET #1**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
 NAME **Steve E. Liebe**
 STREET ADDRESS **808 MOFFETT ST #2**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Mitchell P. Friedman**
 STREET ADDRESS **808 MOFFETT ST #6**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **ALEX BRUNO**
 STREET ADDRESS **808 MOFFETT ST #7**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Veronica Aguilar**
 STREET ADDRESS **808 MOFFETT ST #5**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

Veronica Aguilar

1-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)