

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52831

1. Entity Name

MOENERT EXECUTIVE REALTY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90007 019 ***150.00

Principal Place of Business

Mailing Address

3469 W. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436

3469 W. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436-4611

2. Principal Place of Business

3. Mailing Address

6400 SUGARCANE LN

6400 SUGARCANE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake Worth

LAKE WORTH

City & State

City & State

FL 33467

FL

Zip

Zip

33467

Palm Bch

33467

Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2527192

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

MOENERT, PATRICIA
6400 SUGARCANE LANE
LAKE WORTH FL 33467

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

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

(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.
(See criteria on back) ☐

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. ☐

**\$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	DP MOENERT, PATRICIA 6400 SUGARCANE LANE LAKEWORTH FL 33467	<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

3/25/00 861-737-9907

Date

Daytime Phone #

CR2E034 (9/99)