

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83651

1. Entity Name

MOONGLOW DEVELOPMENT CORP.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90204 022 ***150.00

Principal Place of Business

Mailing Address

6443 NW 82ND AVENUE
MIAMI FL 33166
US

6443 NW 82ND AVENUE
MIAMI FL 33166-2735
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0161196

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

USA

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

ALZATE, NOHEMY
6443 NW 82ND AVENUE
MIAMI FL 33166

Name

Noemy Alzate

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

4727 S.W. 74 Ave

City

Miami

FL

Zip Code

33155

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WITTENZELMER, MAGIVE DE	
STREET ADDRESS	801 NORTH VENETIAN DRIVE #902	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALZATE, NOHEMY	
STREET ADDRESS	6443 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	WITTENZELNER, JOHANNA	
STREET ADDRESS	801 NORTH VENETIAN DRIVE #902	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alzate Noemy	
STREET ADDRESS	4727 S.W. 74 Ave	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Noemy Alzate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000 305 265 2012
Date Daytime Phone #

CR2E034 (9/99)