

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90029 027 ***150.00

DOCUMENT # M36753

1. Entity Name

MOLDAVAN CO.

Principal Place of Business

Mailing Address

**C/O ANATOLY MOLDAVAN
 231-174 ST
 MIAMI BCH FL 33160
 US**

**C/O ANATOLY MOLDAVAN
 231-174 ST
 MIAMI BCH FL 33160
 US**

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

65-0014396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOLDAVAN, EVELYN
 231-174 ST. APT 1217
 N. MIAMI BEACH FL 33160**

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	P	<input type="checkbox"/> Delete
NAME	MOLDAVAN, EVELYN	
STREET ADDRESS	231 174 ST S1217	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MOLDAVAN, EVELYN	
STREET ADDRESS	231 174 ST S1217	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDAVAN, ELIZABETH	
STREET ADDRESS	231-174 ST	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLDAVAS, ALEXANDER	
STREET ADDRESS	231-174 ST	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
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"/> Change <input type="checkbox"/> Addition
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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: *Evelyn Moldavan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)