2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT #: M76606** 1. Entity Name MOOSE (FLA) CORP. 03-15-2000 90047 023 ***150.00 Mailing Address Principal Place of Business 10400 N.W. 33RD STREET 10400 N.W. 33RD STREET STE. 230 STE. 230 UUUJO128 MIAMI FL 33172-1023 MIAMI FL 33172-5903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant # etc. City & State 4, FEI Number Applied For City & State 65-0044660 Not Applicable ·`Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - LUKO-MILOSLAVIC MILOSLAVIC, LUCAS Street Address (P.O. Box Number is Not Acceptable) 10400 N.W. 33RD STREET 10400 N.W. 33RD STREET STE. 230 STE. 230 **MIAMI FL 33172** 33172 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 LUKO MILOSLAVIC Feb. 21, 2000 SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Addition XX Delete TITLE TITLE MILOSLAVIC, LUCAS NAME MILOSLAVIC, LUKO NAME STREET ADDRESS 10400 N.W. 33RD ST., STE. 230 STREET ADDRESS 10400 N.W. 33RD ST., STE 230 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MTAMT FL. Change XX Addition XX Delete TITLE DTS TITLE MILOSLAVIC, LUKO NAME NAME MILOSLAVIC, FRANO STREET ADDRESS STREET ADDRESS 10400 N.W. 33RD ST., STE, 230 10400 N.W. 33RD ST., STE 230 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

LUKO MILOSLAVIC

Feb.21, 2000

Change

☐ Addition