

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94253

1. Entity Name

MOISHE'S OF MONTREAL, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90042 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020-6615
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2. Principal Place of Business 2237 N. Commerce Parkway Suite, Apt. #, etc. Suite #3 City & State Weston, FL Zip 33326 Country US		3. Mailing Address 2237 N. Commerce Parkway Suite, Apt. #, etc. Suite #3 City & State Weston, FL Zip 33326 Country US	
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4. FEI Number 65-0122734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MANELLA, ROSS H ESQ  
2500 HOLLYWOOD BLVD. #212  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name MANELLA, ROSS H. ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
2237 N. Commerce Parkway  
Suite #3  
City Weston FL Zip Code 33326

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 ROSS MANELLA 4/30/00  
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LIGHTER, BEATRICE 3961 BLVD. ST LAURENT MONTREAL, QUEBEC H2W -1Y4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIGHTER, BEATRICE 3961 BLVD. ST LAURENT MONTREAL, QUEBEC H2W -1Y4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIGHTER, LEONARD 3961 BLVD. ST LAURENT MONTREAL, QUEBEC H2W -1Y4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIGHTER, LAWRENCE 3961 BLVD. ST LAURENT MONTREAL, QUEBEC <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Beatrice Lighter 4/30/00 (954) 385-3637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

014 (9/99)