2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000652

1. Entity Name
MOONSTONE JUDGE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:10

Principal Place of Business	Mailing Address
309 MAMARONECK AVENUE. SUITE 399 WHITE PLAINS NY 10605	309 MAMARONECK AVENUE. SUITE 399 WHITE PLAINS NY 10605-1440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. PMB 399		Suite, Apt. #, etc. PMB 399	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3953435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RATNER, MICHAEL H		NAME	900003121459--7	
STREET ADDRESS	3 GORHAM COURT		STREET ADDRESS	-02/02/00--01095--017	
CITY-ST-ZIP	SCARSDALE NY 10583		CITY-ST-ZIP	*****50.00 *****50.00	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOGUL, CHARLES G		NAME		
STREET ADDRESS	311 ROSE ST		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT NY 11520		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Manager 1-19-00 914-476-2590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #