

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90058 005 \*\*\*150.00

**DOCUMENT # P00000014186**

1. Entity Name  
**MOOSECOW.NET, INC.**



Principal Place of Business  
**16145 NW 52 AVE  
MIAMI LAKES FL 33014**

Mailing Address  
**P.O. BOX 4811  
MIAMI LAKES FL 33014**



2. Principal Place of Business

3. Mailing Address

**5390 NW 161<sup>st</sup> Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami Lakes FL**

Zip  
**33014**

Country

Zip

Country

4. FEI Number **65-1088314**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKLAPER, MARVIN  
16145 N.W. 52ND AVENUE  
MIAMI LAKES FL 33014**

Name

**Herman Muscovitz**

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

**3850 Hollywood Blvd #204**

City

**Hollywood**

FL

Zip Code  
**33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-14-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>TUCKLAPER, MARVIN</b>	<b>16145 N.W. 52ND AVENUE</b>	<b>MIAMI LAKES FL 33014</b>	<input type="checkbox"/>
		<b>PO Box 4811</b>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3-16-03**

**305-620-1990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)