2001 UNIFORM BUSINESS REPORT (UBR)

Jun 15, 2001 8:00 am DOCUMENT # P0000039017 Secretary of State 1. Entity Name BLUE MOON PROPERTIES, INC. 05-14-2001 90231 045 ***158.75 Principal Place of Business Mailing Address 5711 SOUTH DIXIE HIGHWAY 5711 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1466709 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Publio M.—Santana- -COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER STREET HOLLYWOOD FL 33020 5711 South Dixie Hwy City Miami Zip Code 8. The above named entity/submite his statement for the purpose changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TİLE ☐ Change ☐ Addition CR2E034 (10/00) NAME santana. Publio NAME STREET ADDRESS 5711 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI FL 33143 CITY-ST-ZIP TITLE **Delete** TITLE ☐ Change K) Addition MARY MATOS-LACASA NAME OLLER, VIRAMA NAME STREET ADDRESS 5711 SOUTH DIXIE HIGHWAY 5711 SOUTH DIXIE HIGHWAY STREET ADDRESS SOUTH MIAMI, FL CITY-ST-2IP 33143 SOUTH MIAMI FL 33143 CITY-ST-ZIP TITLE ☐ Delete mr ☐ Change ☐ Addition NAME SCHWARTZ CINDY STREET AODRES 57.11.SOUTH DIXTE-HIGHWAY STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI FL 33143 CITY-ST-7:P MILE Delete IIILE ☐ Chance ☐ Addition NAME SUTTON, CHRIS NAME STREET ADDRESS 5711 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP SOUTH MIAM! FL 33143 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplies with this filling 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 effort is true and accurate and that my significure 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 tostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF G-OFFICER OR DIRECTOR Deta

Devtime Phone #