

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90239 001 ***150.00

DOCUMENT # P00000085612

1. Entity Name

MOONSTAR COMMUNICATION, INC.

Principal Place of Business

**8649 N. HIMES AVE., #1215
TAMPA FL 33614**

Mailing Address

**8649 N. HIMES AVE., #1215
TAMPA FL 33614**

2. Principal Place of Business

14905 ARBOR SPRINGS CIR

Suite, Apt. #, etc.

SUITE 105

City & State

TAMPA, FL

3. Mailing Address

14905 ARBOR SPRINGS CIR

Suite, Apt. #, etc.

SUITE 105

City & State

TAMPA, FL

Zip

33624

Country

Zip

33624

Country

4. FEI Number

59-3672857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SALEH, SAMER
8649 N. HIMES AVE., #1215
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

SALEH, SAMIR

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

14905 ARBOR SPRINGS CIR. #105

TAMPA, FL - 3

City

TAMPA

FL

Zip Code

33624

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PVST**
STREET ADDRESS **SALEH, SAMER**
CITY-ST-ZIP **8649 N. HIMES AVE., #1215 14905 Arbor Springs Cir. #105 Tampa, FL 33624**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SALEH, SAMER**
CITY-ST-ZIP **8649 N. HIMES AVE., #1215 14905 Arbor Springs Cir. #105 Tampa, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMER SALEH

Date

4/28/01

Daytime Phone #

(813) 899-9642

CR2E034 (10/00)