

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P06000085612

1. Entity Name
MOONSTAR COMMUNICATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 24 PM 5:34

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.

3. Mailing Address
14905 Arbor Springs Cir.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3672857

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33624

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAUER SALEM
8649 N. Himes Ave #1215
Tampa, FL 33614

7. Name and Address of New Registered Agent
Name
SAEED MOHAMMAD
Street Address (P.O. Box Number is Not Acceptable)
3412 Sunrise Villa Ct. N.
Tampa, FL
City
Tampa FL Zip Code
33614

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
SAEED MOHAMMAD
DATE
8/15/01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.V.S.T. SAUER SALEM 8649 N. Himes Ave #1215 Tampa, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.V.S.T. SAEED MOHAMMAD 3412 Sunrise Villa Ct. N. Tampa, FL 33614
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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: SAEED MOHAMMAD, President 8/15/01

CR2E034 (11/00)

AD