

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089021

1. Entity Name

Symphonicmoon, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1119 Varela St.

1119 Varela St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Key West, FL

City &amp; State

Key West, FL

Zip

Zip

Country

Country

33040

USA

33040

USA

4. FEI Number

65-1087913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Phyll Yoon

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

1119 Varela St.

City

Key West

FL

Zip Code

33040

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 Phyll Yoon Phyll Yoon

4-25-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$150.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |      |
|---------------------------------|--|---|------|
| TITLE                           | NAME   | TITLE   | NAME |
| <input type="checkbox"/> Delete | Phyll Yoon<br>1119 Varela St.<br>Key West, FL 33040      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | Sebrina Alfonso<br>1119 Varela St.<br>Key West, FL 33040 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |

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 617, 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: Phyll Yoon Phyll Yoon Director 4-25-02 305-296-8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)