2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2002 8:00 am Secretary of State P00000091595 DOCUMENT # 1. Entity Name BLUE MOON CONCEPTS, INC. 05-14-2002 90120 001 17,550.00 Principal Place of Business Mailing Address 1840 SW 22 ST 1840 SW 22 ST 4TH FLOOR 4TH FLOOR MIAMI FL 33145 **MIAMI FL 33145** 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 NOT APPLICABLE Not Applicable Zip Country Zip 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 Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4TH FLOOR MIAMI FL 33145 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANCHEZ, ELSIE NAME NAME 1840 SW 22 ST 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITEE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 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 repetiver 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

Elsie Sanchez

URE AND TYPED OR POLITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #