

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101798

1. Entity Name

MOREN, INC.

Principal Place of Business

Mailing Address

~~8071 SE SUGAR PINES WAY~~
~~HOBE SOUND FL 33455~~

~~8071 SE SUGAR PINES WAY~~
~~HOBE SOUND FL 33455~~

2. Principal Place of Business

6230 W. INDIANTOWN RD

3. Mailing Address

6230 W. INDIANTOWN RD

Suite, Apt. #, etc.

SUITE 7 # 312

Suite, Apt. #, etc.

STE 7 # 312

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33458

Country

USA

Zip

33458

Country

USA

6. Name and Address of Current Registered Agent

LEVINE, MORTON

~~8071 SE SUGAR PINES WAY~~
~~HOBE SOUND FL 33455~~

7. Name and Address of New Registered Agent

Name

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

2808 BEAR PAW TRAIL

City

PALM CITY

FL

Zip Code

34990

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 D
STREET ADDRESS LEVINE, MORTON
CITY-ST-ZIP ~~8071 SE SUGAR PINES WAY~~
~~HOBE SOUND FL 33455~~

TITLE ☐ Delete
NAME D
STREET ADDRESS LEVINE, RENA
CITY-ST-ZIP ~~8071 SE SUGAR PINES WAY~~
~~HOBE SOUND FL 33455~~

TITLE ☐ Delete
NAME D
STREET ADDRESS LEVINE, ROBERT
CITY-ST-ZIP ~~8071 SE SUGAR PINES WAY~~
~~HOBE SOUND FL 33455~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 2808 BEAR PAW TRAIL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2808 BEAR PAW TRAIL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2808 BEAR PAW TRAIL
CITY-ST-ZIP PALM CITY, FL ~~33455~~ 34990

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

RENA LEVINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.01 561 596 5688

Date Daytime Phone #

0315310

CR2E034 (10/00)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90028 050 ***150.00



DO NOT WRITE IN THIS SPACE