

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 17, 2001 8:00 am
Secretary of State

04-27-2001 90243 029 ***150.00

DOCUMENT # P00000113234

1. Entity Name

MOREAU INVESTMENT CORP.

Principal Place of Business

Mailing Address

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

2716 OAK TREE

Suite, Apt. #, etc.

LAW

City & State

FORT LAUDERDALE

Zip

33309

Country

U.S.A.

700 S. Federal Hwy.

Suite 200-SZG

Boca Raton, FL 33432



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1069618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARELLEK, STEVEN

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

Name

Garellek, Steven

700 S. Federal Hwy., Suite 200

Boca Raton, FL 33432

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 REG MOREAU PRESIDENT

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

4-23-01

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	PRESIDENT REG MOREAU 2716 OAK TREE FORT LAUD. FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

REG MOREAU PRES

4-23-01 9547129313

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)