## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000041386 DOCUMENT #

1. Entity Name

MOON DANCE GALLERIES ING A SOCIAL

Principal Place of Bu	usiness	Mailing Address	•	ļ			
19501 BISCAYNE BL AVENTURA FL 33180	VD (3.5%) DV C.3.5% C	PUDIO 19419501 BISCAYNE B R ASTRONA AVENTURA FL 3318	EVD				
2. Principal Place of	f Business	3. Mailing Address		I (Bellas) III despe train ann ann ann ann			
Suite, Apt. #, etc	;.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS			
City & State		City & State		4. FEI Number 65-1099044			
Zip Country		Zip	Country	5. Certificate of Status Desired			
	Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registere			
Б.	Name and Address of Co	TETE NEGISLETOS ABOIL	Name				
	ROBIN PROPRIES		Street Ad	s (P.O. Box Number is Not Acceptable)			
	ROAD SAUS A JU		····				
MIAMI BEACH	FL 33139以後 近 <i>行</i> 等	The state of	City	F			
8. The above name the obligations of	ed entity submits this staten of registered agent.	nent for the purpose of chang	ging its registered office or	registered agent, or both, in the State of Florida. I a			
SIGNATURE	ture, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Registered Agent signatu	re required when reinstating) DATI			
9. This corporatio	on is eligible to satisfy its Inter	angible FILE	NOW!!! FEE IS \$550.0 ber 13, 2002 Fee will be				

## FILED Sep 16, 2002 8:00 am Secretary of State 05-09-2002 90040 045 \*\*\*150.00



Applied For

Not Applicable

VRITE IN THIS SPACE

		L					0.75		
Zip	Country	Zip	Country	5. Certifi	cate of Status Desired		8.75 Addit ee Required		
	6. Name and Address of Current F	Pogletored Agent	L	7. Name	and Address of New Reg	istered Aç	jent		
	6. Name and Address of Current	Name							
DONENBE		Street Address	Street Address (P.O. Box Number is Not Acceptable)						
815 LINCO									
MIAMI BEA	ACH FL 33139に総 前尹等特 編								
		City			FL	Zip Code	'		
. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, o	or both, in the State of Florid	ta. I am fa	miliar with, a	and accept	
the obligation	ons of registered agent.								
IGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstati	ng)	DATE			
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	!!! FEE IS \$550.00 3, 2002 Fee will be \$75 ble to Department of \$	50.00 State	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		Added	May Be to Fees		
	OFFICERS AND	+ ·		ADDITI	ONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	IN 11	
1.		Delete	TITLE				☐ Change	Addition	
ITLE	PSD PSD PSDIN	t⊐ neιeιe	NAME						
AME	DONENBERG, ROBIN		STREET ADDRESS						
TREET ADDRESS	19501 BISCAYNE BLVD		CITY-ST-ZIP						
ITY-ST-ZIP	AVENTURA FL 33180						Change	Addition	
ITLE	VTD	☐ Delete	TITLE NAME						
IAME	THOMAS, RANDY		STREET ADDRESS						
TREET ADDRESS	19501 BISCAYNE BLVD		CITY-ST-ZIP						
CITY-ST-ZIP	AVENTURA FL 33180				· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TITLE	l p	Delete	TITLE				C Owner.go		
NAME	JOLLY, IAN		NAME			-			
TREET ADDRESS	19501 BISCAYNE BLVD		STREET ADDRESS						
CITY-ST-ZIP	AVENTURA FL 33180		CITY, ST-ZIP					Addition	
TITLE	3-	☐ Delete	TITLE				Change	Mullion	
NAME			NAME						
STREET ADDRESS	`~		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
		<del></del>	NAME						
name Street address	<b>\</b>		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	,	Delete	TITLE				Change	Addition	
TITLE	:	FT Delete	NAME		1821-2	<u></u>	1.21	5	
NAME	,		STREET ADDRESS		111人的主义	1	u. je		
STREET ADDRESS			CITY-ST-ZIP		the section of the	: 1		le	
CITY-ST-ZIP	certify that the information supplied with	. N		n Section 110	07/3)(i) Florida Statutes I	further cer	tify that the i	information	
13 Thereby	certify that the information supplied will	h this filing does not qualify	for the exemption stated i	the same log	ol offect as if made under o	ath: that I	am an office	r or director	

indicated on this report or supplemental securities of the corporation or the receiver or truster empty changed, or on an attachment with an address with le and accurate and that my signature shall have the same legal effect as if made under oath; that i am an officer of directors, and that my name appears in Block 11 or Block 12 if all other like empowered.

SIGNATURE:

Daytime Phone #