

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90135 001 ***150.00

DOCUMENT # P01000075512

1. Entity Name

Virgo Moon, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20411 N.E. 7th Pl.

Suite, Apt. #, etc.

3. Mailing Address
20411 N.E. 7th Pl.

Suite, Apt. #, etc.

City & State
Miami, Fl.

City & State
Miami, Fl.

4. FEI Number
65-1130197

Applied For
Not Applicable

Zip
33179

Country
USA

Zip
33179

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Maria E. Roger

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

20411 N.E. 7th Pl.

City
Miami

FL

Zip Code
33179

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PTSD
NAME Maria E. Roger
STREET ADDRESS 20411 N.E. 7th Pl.
CITY- ST- ZIP Miami, Fl. 33179

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

B0131950

M A S
3000 N UNIVERSITY DRIVE
SUITE E
CORAL SPRNGS, FL 33065
Tel # 954-346-7288
Fax # 954-346-7217

July 17, 2002

Uniform Business Report Filing
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: UBR/P01000075512

To Whom It May Concern:

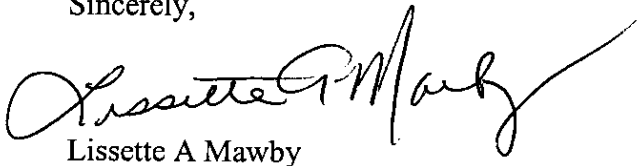
This is to request acceptance of the enclosed corporate renewal filing. The client did not receive the UBR form (see change of address) it is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,


Lissette A Mawby