

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01350

1. Entity Name  
moxies, Inc.

**FILED**  
**Apr 12, 2002 8:00 A.M.**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6 Landmark Square  
Suite, Apt. #, etc.

3. Mailing Address

6 Landmark Square  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Stamford, CT

City & State  
Stamford, CT

4. FEI Number  
72-0994099

Applied For  
Not Applicable

Zip 06901 Country USA

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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 CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Rd  
City Plantation FL Zip Code 33324

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	PRESIDENT
NAME	PAUL NOVAK
STREET ADDRESS	6 Landmark Square
CITY-ST-ZIP	Stamford, CT 06901
TITLE	VP
NAME	Maureen B. Bellantoni
STREET ADDRESS	6 Landmark Square
CITY-ST-ZIP	Stamford, CT 06901
TITLE	VP/SECRETARY
NAME	W. BARRY BWM
STREET ADDRESS	6 Landmark Square
CITY-ST-ZIP	Stamford, CT 06901
TITLE	ASST. SECRETARY
NAME	Bruce Miller
STREET ADDRESS	6 Landmark Square
CITY-ST-ZIP	Stamford, CT 06901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Bruce Miller Bruce Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02 (203) 359-7246  
Date Daytime Phone #

CR2E034B-(12/01)

**MOXIE'S INC.**  
**Effective September 21, 2001**

**DIRECTORS**

Maureen B. Bellantoni  
W. Barry Blum  
Paul Novak  
Julio Ramirez

**OFFICERS**

President	Paul Novak
Vice President and Treasurer	Maureen B. Bellantoni
Vice President and Secretary	W. Barry Blum
Vice President	Amy Knights
Vice President and Assistant Secretary	Tony Moralejo
Vice President and Assistant Secretary	Craig Prusher
Vice President and Assistant Secretary	Elsie Romero
Assistant Secretar	Bruce Miller