

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

FILED

03 MAR 31 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000064197

1. Entity Name

Moore - Miggins International, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3301 Spanish Moss Terr.

Suite, Apt. #, etc.

603

City & State

Lauderhill, FL

Zip

33319

Country

U.S.A

3. Mailing Address

3301 Spanish Moss Terr.

Suite, Apt. #, etc.

603

City & State

Lauderhill, FL

Zip

33319

Country

U.S.A

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4. FEI Number

01-0710977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ruth Liverpool

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

8428 W. Oakland Park Blvd

City

Sunrise

FL

Zip Code

33351

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

Ruth Liverpool

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
Deborah Moore - Miggins  
3301 Spanish Moss Terr.  
Lauderhill, FL 33319

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200014905882  
03/28/03--01038--003 \*\*150.00

TITLE

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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)