2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000022871 DOCUMENT

1. Entity Name

BLUE MOON INVESTMENTS INC.

FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90072 018 ***158.75

Principal Place of Business Mailing Address 13800 SW 8TH ST **UUUU XUUU** PO BOX 16-2086 **STE 103** MIAMI FL 33116-2086 MIAMI FL 33184 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0397206 Not Applicable Zip Country Zip^ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEFANO, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 13800 SW 8TH ST **STE 103 MIAMI FL 33184** 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. I am familiar with, and accept the obligations of registered agent. SIGNÄŦURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. \Box Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT) F Delete TITLE ☐ Addition ☐ Change STEFANO, ANDRES M NAME NAME STREET ADDRESS 13800 SW 8 STE 103 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE DS President ☐ Delete TITLE Change ☐ Addition NAME STEFANO, MIRIAM MIRIAM STEFANO 13800 SW8St Ste103 NAME STREET ADDRESS 13800 SW 8 ST STE 103 STREET ADDRESS CITY-ST-ZIP MIAMI-FL- --- -CITY-ST-ZIP m18m1, FG 33/84 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: J

NAME

STREET ADDRESS

CITY-ST-7/P

☐ Delete

Change

☐ Addition