

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061270

1. Entity Name
MOY & CO., INC.

2775

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90047 050 ***150.00

0130090

Principal Place of Business
**9215 W SAMPLE RD
CORAL SPGS FL 33065
US**

Mailing Address
**3575 BROKENWOODS DR
STE 901
CORAL SPGS FL 33065
US**

00027300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0434918**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MOY, WAI LING
3575 BROKENWOODS DR
STE J901
CORAL SPGS FL 33065**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (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) ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOY, WAI LING		NAME		
STREET ADDRESS	3575 BROKENWOODS DR 901		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOY, KIN		NAME		
STREET ADDRESS	3575 BROKENWOODS DR 901		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Wai Ling Moy **WAI LING MOY** 3/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
P93000061270
D0027300

P93000061270
2775

TO: ALL FLORIDA SHAREHOLDERS

RE: FLORIDA INTANGIBLE TAX

As a resident of Florida, you may be subject to the Florida Intangible Tax. This tax is based upon the market value of all your intangible assets as of the end of the year. The stock in your corporation is an intangible asset.

As required by Florida law, we hereby notify you that the value of your stock is 1.00 per share.

BOARD OF DIRECTORS