

2000 UNIFORM BUSINESS REPORT (UBR)

0204944

DOCUMENT # P94000007605

1. Entity Name

HALF MOON OF SOUTH FLORIDA, INC.

FILED

00 MAR 14 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3200 PONCE DE LEON BLVD 2ND FLOOR 3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL 33134 CORAL GABLES FL 33134-7239
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
c/o RJS 201 S. Biscayne Blvd. c/o RJS 201 S. Biscayne Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1500 Suite 1500

City & State City & State
Miami, Florida Miami, Florida
Zip Zip
33131 33131
Country Country

4. FEI Number 65-0467022
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VALLE, JOSE~~
~~3200 PONCE DE LEON BLVD 2ND FLOOR~~
~~CORAL GABLES FL 33134~~

Name
Corporation Company of Miami
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., Suite 1500
City Miami FL Zip Code 33131

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.

CORPORATION COMPANY OF MIAMI

SIGNATURE By: *Lalaine A. Landau* Lalaine A. Landau, Asst. Secretary 2/28/00
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | P | <input checked="" type="checkbox"/> Delete | TITLE | D/P/S/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLE, JOSE | | NAME | Linburgh Martin | |
| STREET ADDRESS | 3200 PONCE DE LEON BLVD 2ND FLOOR | | STREET ADDRESS | c/o RJS 201 S. Biscayne Blvd., #1500 | |
| CITY-ST-ZIP | CORAL GABLES FL | | CITY-ST-ZIP | Miami, FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | 200003179342--3 | |
| STREET ADDRESS | | | STREET ADDRESS | -03/22/00--01023--020 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ****150.00 ****150.00 | |
| 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 | | |
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| CITY-ST-ZIP | | | 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 | | |

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: *Linburgh Martin* Linburgh Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18, 2000

Date

345 949 8455

Daytime Phone #

CR2E034 (9/99)