

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90084 014 ***150.00

DOCUMENT # P94000060222

1. Entity Name

THE MOON AND ME, INC.

Principal Place of Business

**3100 NW BOCA RATON BLVD.
#311
BOCA RATON FL 33431
US**

Mailing Address

**3100 NW BOCA RATON BLVD.
#311
BOCA RATON FL 33431
US**

2. Principal Place of Business

**3100 NW Boca Raton Blvd
Suite, Apt. #, etc. Suite #112**

3. Mailing Address

**3100 Boca Raton Blvd
Suite, Apt. #, etc. Suite #112**

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach

4. FEI Number

65-0509096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEFCORT, RONI
3100 NW BOCA RATON BLVD.
#311
BOCA RATON FL 33431**

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

Signature of or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/01

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

TITLE **PD** ☐ Delete
NAME **LEFCORT, RONI**
STREET ADDRESS **3069 NE 25TH TERR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **STD** ☐ Delete
NAME **LEFCORT, ROBERT**
STREET ADDRESS **3069 NW 25TH TERR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/01 561 395-1858

CR2E034 (10/00)