

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90011 040 ***150.00

DOCUMENT # P94000068462

1. Entity Name

MOAMBACQUE MANAGEMENT & INVESTMENT, INC.

Principal Place of Business

**814 GASCON PL
TAMPA FL 33617**

Mailing Address

**814 GASCON PL
TAMPA FL 33617**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3267488**

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****LANG, ROBERT A
814 GASCON PLACE
TAMPA FL 33617**

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, 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LANG, WHITNEY A	814 GASCON PL	TAMPA FL	<input type="checkbox"/>
VPTD	LANG, ROBERT	814 GASCON PL	TAMPA FL	<input type="checkbox"/>
VPSD	LANG, CHRIS	18305 CYPRESS VIEW WAY	TAMPA FL 33647	<input type="checkbox"/>
VPD	LANG, AMANDA	814 GASCON PLACE	TAMPA FL 33617	<input type="checkbox"/>
VOD	LANG, SCOTT	508 N. HERCHEL DR	TEMPLE TERRACE FL 33617	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

ROBERT A. LANG

Date

1/16/01

Daytime Phone #

(813) 622-8311

CR2E034 (10/00)