

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085370

1. Entity Name

NEW MOON IV, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90007 023 ***550.00

Principal Place of Business

4901 N FEDERAL HWY
STE 350
FT LAUDERDALE FL 33308
US

Mailing Address

4901 N FEDERAL HWY
SUITE 350
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0538681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DORER, ERIC J
30 NE 3RD ST
FT LAUDERDALE FL 33301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D FRONRATH, GARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, GARY	NAME	
STREET ADDRESS	4901 N FEDERAL HWY #350	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	S WILLIAMS, BARBARA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BARBARA	NAME	
STREET ADDRESS	4901 N FEDERAL HWY #350	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	D GUTHRIE, TERRY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, TERRY	NAME	
STREET ADDRESS	1300 N FEDERAL HWY	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 an officer like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

7/11/00

95A-467-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #