2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000039309** May 17, 2000 8:00 am Secretary of State MOONGATE PROPERTIES, INC. 05-17-2000 90864 049 ***150.00 Mailing Address Principal Place of Business MENDOZA, CALLAS & SCHILLING MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY 6TH FLOOR 251 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480-4300 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0581175 Not Applicable Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE MENDOZA, MARIO G III Street Address (P.O. Box Number is Not Acceptable) 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete ☐ Change TITLE TITLE NAME DE MENDOZA, MARIO G III NAME STREET ADDRESS 251 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Change ☐ Addition PSTD ☐ Delete TITLE NAME IRONS, G. CHESTER NAME STREET ADDRESS STREET ADDRESS 251 ROYAL PALM WAY SUITE 602 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WILKINSON, DEBRA NAME STREET ADDRESS 251 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE KROEGER, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 251 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 truetee 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, withyall other like expowered.

SIGNATURE:

G. Chester Irons, Pres. 4.20

SIGNATURE NO TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

(407) 876-2418