

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018010

1. Entity Name
MOXAI, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 038 ***550.00

Principal Place of Business

888 BRICKELL KEY DRIVE
UNIT 1402
MIAMI FL 33131

Mailing Address

888 BRICKELL KEY DRIVE
UNIT 1402
MIAMI FL 33131

2. Principal Place of Business

360-11 N. Commerce
Suite, Apt. #, etc.

3. Mailing Address

1960-11 N. Commerce
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-0649047

Applied For

Not Applicable

33326 Country Broward

33326 Country Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUIARE, MIRTHA G
1000 BRICKELL AVE
STE 420
MIAMI FL 33131

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, 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

TITLE D
NAME AYUBI, GERMAN
STREET ADDRESS 888 BRICKELL KEY DRIVE, UNIT 1402
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 2036 DUAL ROOST DR
STREET ADDRESS Weston, FL 33327
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]