

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020625

1. Entity Name
MOSS INSURANCE SEARCH, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90153 034 ***150.00

Principal Place of Business 750 N OCEAN BLVD POMPANO BEACH FL 33026 US	Mailing Address 3910 INVERRARY BLVD. STE 905 LAUDERHILL FL 33319-4324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 750 N. OCEAN BLVD
Suite, Apt. #, etc. # 905	
City & State POMPANO BEACH	
Zip 33026	Country USA

4. FEI Number 65-0649856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOSS, MICHAEL 3910 INVERRARY BLVD. LAUDERHILL FL 33319
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOSS, MICHAEL 3910 INVERRARY RD INVERRARY FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

4/7/00 (954) 722-1480

CR2E034 (9/99)