## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P96000084599

1. Entity Name

MOMON INC.



Principal Place of Business 314 W MANGO STREET LANTANA FL 33462

Country

6. Name and Address of Current Registered Agent

Mailing Address 314 W MANGO STREET

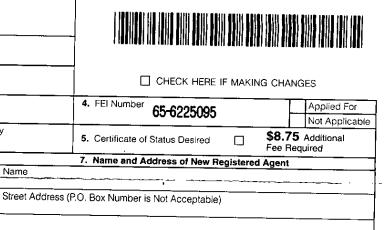
LANTANA FL 33462

| 2. Principal Place of Business | 3. Mailing Address  |  |  |
|--------------------------------|---------------------|--|--|
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |  |  |
| City & State                   | City & State        |  |  |

Zip



01-10-2003 90100 028 \*\*\*150.00



| В.  | The above named entity submits this statement for the purpose of the price of the purpose of the |                               |
|-----|--|-------------------------------|
|     | 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. the obligations of registered agent.  | I am familiar with and assent |
|     | the obligations of registered agent, or both, in the State of Florida.   | ram aminar with, and accept   |
| - 3 | taran da antara da a   |                               |

Country

Name

City

SIGNATURE

CASSEL, DAVID

5136 BEECHWOOD BLVD **DELRAY BEACH FL 33484** 

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

Zip Code

| Make Uneck Payable to Flo   | rida Department of State | trust Fund Contribution.              | L.J Adde                        | d to Fees    |            |                 |
|---|--------------------------|---------------------------------------|---------------------------------|--------------|------------|-----------------|
| 10.   | OFFICERS AND DIRECTORS   | 11,                                   | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTOR | 20.101.44  |                 |
| ITITLE NAME CASSEL, DAVID STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELARAY BEAC | OOD BLVD                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/OF IANGES TO OFFICERS | ☐ Change     | Addition   | CR2E034 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                 | ☐ Change     | ☐ Addition | CR2E            |
| NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                 | ☐ Change     | ☐ Addition |                 |
| NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                 | Change       | Addition   |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                 | ☐ Change     | Addition   |                 |
| NAME STREET ADDRESS CITY-ST-ZIP   | Delete                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                 | Change       | Addition   |                 |

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 changed or on an attachment with an address, with all other like amounted. with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-528 5717