2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State
06-03-2000 90142 026 ***150.00

742143

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000083489

1. Entity Name: Moon's Cutting Service Inc.

Principal Place of Business	Mailing Address
13225 NW 47 Ave.	13225 NW 47 Ave.
Opa Locka, Fl. 33054	Opa Locka, FL 33054

2. Principal Place of Business	3. Mailing Address
13225 NW 47 Ave	13225 NW 47 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa Locka, FL	City & State: Opa Locka FL
Zip: 33054 Country: USA	Zip: 33054 Country: USA

4. FEI Number: 65-0725346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mark Moon
13225 NW 47 Ave.
Opa Locka, FL 33054

7. Name and Address of New Registered Agent

Name: Mark Moon
Street Address (P.O. Box Number is Not Acceptable): 13225 NW 47 Ave.
City: Opa Locka FL Zip Code: 33054

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] DATE: 5-1-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Pres., V.Pres, Sec. & Treas. ☐ Delete	TITLE	Pres, V.Pres, Sec. & Treas. ☐ Change ☐ Addition
NAME	Mark Moon	NAME	Mark Moon
STREET ADDRESS	13225 NW 47 Ave.	STREET ADDRESS	13225 NW 47 Ave.
CITY-ST-ZIP	Opa Locka FL 33054	CITY-ST-ZIP	Opa Locka FL 33054
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] 5-01-00 305-687-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E014 (10/99)