

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P970000017910**

OVER THE MOON, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90017 004 ***150.00

Principal Place of Business	Mailing Address
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2. Principal Place of Business 2036 HARRISON ST.	3. Mailing Address 19955 N.E. 30TH CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT 3102

City & State HOLLYWOOD, FL.	City & State AVENTURA, FL
Zip 33020	Country BROWARD
Zip 33180	Country DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-088335P	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 MARVIN SCHWARTZBARD 19955 N.E. 30TH COURT AVENTURA, FL 33180
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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

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
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! FEES \$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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME D SCHWARTZBARD, AMY	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21150 POINT PLACE APT 2403		STREET ADDRESS	
ST-ZIP AVENTURA FL 35180		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

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 otherlike empowered.

SIGNATURE: AMY SCHWARTZBARD	DATE: 4/6/00	DAYTIME PHONE: 954-924-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #