

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000017910**1. Entity Name  
OVER THE MOON, INC.

Principal Place of Business 2036 HARRISON ST  HOLLYWOOD FL 33020 US	Mailing Address 19955 NE 38TH CT. APT 3102 AVENTURA FL 33180 US
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0883758</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**SCHWARTZBARD MARVIN  
19955 NE 38TH COURT  
  
AVENTURA FL 33180 US**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 \_\_\_\_\_ DATE **03/06/2001**  
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, 2001 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZBARD MARVIN	
STREET ADDRESS	21150 POINT PL, APT 2403	
CITY-ST-ZIP	HOLLYWOOD FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZBARD AMY	
STREET ADDRESS	2036 HARRISON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZBARD MARVIN	
STREET ADDRESS	19955 NE 38 CT., APT 3102	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Marvin W. Schwartzbard

Trea 03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)