2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90154 025 ***150.00

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DOCUMENT # P97000065664

1. Entity Name
MOISHE INC.

Principal Place of Business	Mailing Address
3620 WASHINGTON LN. COOPER CITY FL 33026	3620 WASHINGTON LN. COOPER CITY FL 33026

2. Principal Place of Business	3. Mailing Address
3822 SW 49 Ct.	3822 SW 49 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ftloud, FL	City & State: Ftlaud, FL
Zip: 33312 Country: Broward	Zip: 33312 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~65-7080117~~ 650780117 correct# ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, MOSHE 3620 WASHINGTON LN. COOPER CITY FL 33026	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 Moshe Cohen DATE 1-22-02

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, 2002 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 COHEN, MOSHE 3620 WASHINGTON LN. COOPER CITY FL 33026 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cohen moshe 3822 SW 49 Court Fort Lauderdale, FL 33312 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COHEN, ROBYN 3620 WASHINGTON LN. COOPER CITY FL 33026 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Cohen Robyn 3822 SW 49 Ct. Ftlaud, FL 33312 ☒ Change ☐ Addition
TITLE / 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Moshe Cohen 1-22-02 954-983-5762 954-610-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #