

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 8:00 am**
Secretary of State

09-12-2000 90013 042 ***550.00

DOCUMENT # P970000669401. Entity Name
MOMO SERVICE, INC.

Principal Place of Business

**6830 VIA REGINA
BOCA RATON FL 33433
US**

Mailing Address

**6830 VIA REGINA
BOCA RATON FL 33433
US**

2. Principal Place of Business

4742 N.E. 12th Ave.

Suite, Apt. #, etc.

3. Mailing Address

4742 N.E. 12th Ave.

Suite, Apt. #, etc.

A0075959

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FLCity & State
Ft. Lauderdale, FL4. FEI Number **65-0771076**Applied For
Not ApplicableZip **33334** Country **USA**Zip **33334** Country **USA**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

**MORGENSTERN, MOISES
638 VIA REGINA
BOCA RATON FL 33433**

Name

Street Address (P.O. Box Number is Not Acceptable)
4742 N.E. 12th Ave.City **Ft. Lauderdale, FL** Zip Code **33334**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DP** ☐ Delete
NAME **MORGENSTERN, MOISES**
STREET ADDRESS **6830 VIA REGINA**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE ☐ Change ☐ Addition
NAME **Momo Service, Inc.**
STREET ADDRESS **4742 N.E. 12th Ave**
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**TITLE **D** ☐ Delete
NAME **VAINSTEIN, ANNY**
STREET ADDRESS **6830 VIA REGINA**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)