

# 6000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-98000011149

Name  
LUE Moon Spiritual Accessories Inc

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90002 026 \*\*\*150.00

1. Principal Place of Business Mailing Address

876 N. University Drive  
Suite 307 A/B  
Plantation, FL 33322

2. Principal Place of Business

3. Mailing Address

4. Apt. #, etc.

Suite, Apt. #, etc.

5. City & State

City & State

4. FEI Number 65-0541834

Applied For

Not Applicable

6. Country

Zip

Country

5. Certificate or Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Davis, Francine  
1560 NW 99 AVE  
Plantation, FL

33322-4250600

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

8. Signature

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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<p>1. Name and Address of Officer or Director</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
<p>2. Name and Address of Officer or Director</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
<p>3. Name and Address of Officer or Director</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
<p>4. Name and Address of Officer or Director</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<p>5. Name and Address of Officer or Director</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		NAME	
		STREET ADDRESS	
		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 other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 945-4768228