

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91291 043 ***150.00

DOCUMENT # **298000011149**

1. Entity Name

BLUE MOON SPIRITUAL Accessories Inc.

Principal Place of Business

**3848 N University Dr.
Sunrise FL 33351**

Mailing Address

**3848 N University Dr.
Sunrise FL 33351**

AA067508

2. Principal Place of Business

3848 N. University Drive

Suite, Apt. #, etc.

3. Mailing Address

3848 N. University Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise FL

Zip

Country

33351

City & State

Sunrise FL

Zip

Country

33351

USA

4. FEI Number

65-0825953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Fran Davis
3848 N. University Drive
Sunrise FL 33351**

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

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 \$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 **President** ☐ Delete
NAME **Fran Davis**
STREET ADDRESS **3848 N University Drive**
CITY-ST-ZIP **Sunrise FL 33351**

TITLE **Secy-Treasurer** ☐ Delete
NAME **Etail Cerallo**
STREET ADDRESS **3848 N. University Drive**
CITY-ST-ZIP **Sunrise FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fran Davis

Date

Daytime Phone #

4/26/01 (954) 578-9229

CR2E034 (11/00)