2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 22, 2000 8:00 am
Secretary of State
05-03-2000 90087 047 ***150.00
06-22-2000 90001 005 ***150.00

DOCUMENT # P98000025091

1. Entity Name

MOMENI INTERNATIONAL GROUP, INC.

R

Principal Place of Business	Mailing Address
2149 REGENTS BLVD WEST PALM BCH FL 33409	2149 REGENTS BLVD WEST PALM BCH FL 33409-7302

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0825670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~FREUND~~, JOEL H ESQ
C/O CHOPIN, MILLER & YUDENFREUND
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480

X

7. Name and Address of New Registered Agent

Name MOMENI, EDDIE

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

2149 Regents Blvd.

City West Palm Beach FL Zip Code 33409

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, 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO MOMENI, EDDIE 2149 REGENT &BLVD WEST PALM BCH FL 33409	☐ Delete		☐ Change ☐ Addition
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CR2E034 (9/99)

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: REQUIRED Eddie Momeni 4/24/2000 561-471-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #