

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000025091**

1. Entity Name

**MOMENI INTERNATIONAL GROUP, INC.****FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90695 012 \*\*\*150.00

0356485  
AV

Principal Place of Business

**2149 REGENTS BLVD  
WEST PALM BCH FL 33409**

Mailing Address

**2149 REGENTS BLVD  
WEST PALM BCH FL 33409**

000240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**West Palm Beach FL.**

4. FEI Number

**65-0825670**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33402 U.S.A**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

**MOMENI, EDDIE****2149 REGENTS BLVD.****WEST PALM BEACH FL 33409**

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, 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☐ DeleteSTREET ADDRESS  
CITY-ST-ZIP**PCEO  
MOMENI, EDDIE  
2149 REGENT & BLVD  
WEST PALM BCH FL 33409**TITLE  
NAME☐ Change ☐ AdditionSTREET ADDRESS  
CITY-ST-ZIPTITLE  
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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

6/10/02 561-471-9990

CR2E034 (9/01)

*Attachment  
Document #*  
**Momeni International Group, Inc.** *P98000025091*

Your Connection To The World Market

Post Office Box 51  
West Palm Beach, FL 33402  
Tel: 561-471-9990  
Fax: 561-686-8726 *869240*

Monday, June 10, 2002

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To Whom It May Concern:

We just received our forms from division of corporation and as we explained it over the phone this is the first notice we have on our both companies. Please accept our application and if you have any question please contact me at 561-471-9990 .

Respectfully yours,

Eddie Momeni

President

