

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90162 019 \*\*\*150.00

**DOCUMENT # P98000084536**

1. Entity Name  
**MOEHWALD INC.**

Principal Place of Business Mailing Address  
**WAYNE M LEVINE LAW FIR** **C/O WAYNE M LEVINE LAW FIR**  
**LANTANA ROAD** **777 LANTANA ROAD**  
**FL 33462** **LANTANA FL 33462-1632**

**017782**

2. Principal Place of Business 3. Mailing Address  
**40 Hill Barth & King** **40 Hill Barth & King**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**377 Tamiami Trail North #200** **377 Tamiami Trail N #200**  
 City & State City & State  
**Naples, FL** **Naples FL**  
 Zip Country Zip Country  
**34103 USA** **34103 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0866817** Applied For  
 Not Applicable  
 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  
**CORAN, BOLLY** **Ron Walther 40 Hill Barth & King**  
**777 LANTANA ROAD** **Street Address (P.O. Box Number is Not Acceptable)**  
**LANTANA FL 33462** **377 Tamiami Trail N #200**  
 City **Naples** **FL** Zip Code **34103**

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 **R Walther** **RW Ron Walther** **2/10/00**  
 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. ☒ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D, P, V, S, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOEHWALD, RALF</b>		NAME	<b>Moehwald, Ralf</b>	
STREET ADDRESS	<b>FELMENWEG 3</b>		STREET ADDRESS	<b>400 20 Grand Rivw, Novi, MI 48375</b>	
CITY-ST-ZIP	<b>5408 ENNETBADEN, SWITZERLAND</b>		CITY-ST-ZIP		
TITLE	<b>DPV</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOEHWALG, RALF</b>		NAME		
STREET ADDRESS	<b>4080 HIGH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL 34105</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Ralf Moehwald** **2/10/00** **9415663511**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)