

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90012 048 \*\*\*550.00

**DOCUMENT # P98000094474**

1. Entity Name  
**BLUE MOON MONTGOMERY, INC.**

Principal Place of Business  
**17315 COLLINS AVE**  
**MIAMI BEACH FL 33160**

Mailing Address  
**924 MADISON AVENUE**  
**MONTGOMERY AL 36104**

2. Principal Place of Business  
**924 MADISON AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2890 N<sup>O</sup> ANDREWS AVE**  
 Suite, Apt. #, etc.

City & State  
**MONTGOMERY AL.**  
 Zip  
**36104**  
 Country

City & State  
**FT LAUDEDALE FL**  
 Zip  
**33311**  
 Country  
**BROWARD**

4. FEI Number  
**63-1212911**

Applied For  
 Not Applicable

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

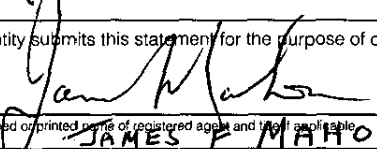
**6. Name and Address of Current Registered Agent**

~~KORN, GARY A~~  
~~20803 BISCAYNE BLVD.~~  
~~SUITE 200~~  
~~AVENTURA FL 33180~~

**7. Name and Address of New Registered Agent**

Name  
**JAMES F MAHON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2890 N<sup>O</sup> ANDREWS AVE**  
 City  
**FT. LAUDEDALE FL** Zip Code  
**33311**

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

**9/6/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST AVICHAL, BIMAL 17315 COLLINS AVE MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AVICHAL, BIMAL 17315 COLLINS AVE MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST AVICHAL, BIMAL 18671 COLLINS AVE MIAMI BEACH FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AVICHAL, BIMAL 18671 COLLINS AVE MIAMI BEACH FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**9-1-01.**

Date

Daytime Phone #

**954-563-2883**

CF2E034 (5/01)