

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90029 003 ***150.00

DOCUMENT # P99000021583

1. Entity Name

MOVES ART, INC.

Principal Place of Business

**815 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134**

Mailing Address

**815 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134-3007**

2. Principal Place of Business

3. Mailing Address

% Oliver J. Langstadt, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

815 Ponce de Leon Blvd.

City & State

City & State

Coral Gables, FL

Zip

Country

Zip

Country

33134-3007

4. FEI Number

☒ 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

**LANGSTADT, OLIVER J ESQ.
 815 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134**

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, 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 ☐ Delete
 NAME **PSD**
 STREET ADDRESS **HANHART, VESNA**
 CITY-ST-ZIP **KIRCHWEG 8 CH-4102 BINGEN**
SWITZERLAND

TITLE ☒ Change ☐ Addition
 NAME **PSD**
 STREET ADDRESS **HANHART, VESNA**
 CITY-ST-ZIP **915 N.W. 1st Ave, #2407**
MIAMI, FL 33136

TITLE ☐ Delete
 NAME **VTD**
 STREET ADDRESS **HANHART, MONJA**
 CITY-ST-ZIP **KIRCHWEG 8 CH-4102 BINGEN**
SWITZERLAND

TITLE ☒ Change ☐ Addition
 NAME **VTD**
 STREET ADDRESS **HANHART, MONJA**
 CITY-ST-ZIP **915 N.W. 1st Ave, #2407**
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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:

Vesna Hanhart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VESNA HANHART, PRESIDENT

FEB. 15, 2000

Date

(786) 425-1961

Daytime Phone #