

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90398 021 \*\*\*150.00

0215302 AV

<b>DOCUMENT #</b>	<b>P99000036845</b>
<b>1. Entity Name</b>	
<b>AZURE MOON INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>PO BOX 101403</b>	<b>PO BOX 101403</b>
<b>FT. LAUDERDALE FL 33310</b>	<b>FT. LAUDERDALE FL 33310</b>

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



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>65-0934583</b>		<b>Applied For</b>	
				<b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>MONTGOMERY, FAY</b>
<b>1215 N.W. 1ST APT. 8</b>
<b>FT. LAUDERDALE FL 33311</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.**

<b>SIGNATURE</b>	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>PD</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MONTGOMERY, FAY</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>1215 NW 1ST ST APT 8</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33311</b>	<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete		<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 line empowered.**

<b>SIGNATURE</b>	<i>[Signature]</i>	<b>4/30/02</b>	<b>1-888-202-0124</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/01)