

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040246

1. Entity Name

MID DAY MOON, INC.

Principal Place of Business

Mailing Address

ONE SOUTH 3RD AVENUE
11TH FLOOR
MIAMI FL 33131

ONE SOUTH 3RD AVENUE
11TH FLOOR
MIAMI FL 33131-1700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

LS-0918316

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

THOMAS, LYDIA G.
ONE SOUTH 3RD AVENUE
11TH FLOOR
MIAMI FL 33131

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

PTD

☐ Delete

NAME

THOMAS, LYDIA G

STREET ADDRESS

ONE SOUTH 3RD AVENUE 11TH FLOOR

CITY - ST - ZIP

MIAMI FL 33131

TITLE

SVD

☐ Delete

NAME

GONZALEZ, JUAN J

STREET ADDRESS

ONE SOUTH 3RD AVENUE 11TH FLOOR

CITY - ST - ZIP

MIAMI FL 33131

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 NAME IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90307 033 ***150.00

104160

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)