# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 23, 2001 8:00 am**
**Secretary of State**
05-23-2001 91191 040 ***150.00

DOCUMENT # P99000059078

1. Entity Name
MOONLITE SIGN & LIGHTING SERVICES, INC.

Principal Place of Business
9900 NW 80TH AVE BAY 4-H
HIALEAH GARDENS FL 33016

Mailing Address
8320 NW 18ST
PEMBROKE PINES FL 33024

A0071711

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9900 NW 80TH AVE | 8320 NW 18ST |
| Suite, Apt. #, etc. BAY 4-H | Suite, Apt. #, etc. PEMBROKE PINES FL 33024 |
| City & State HIALEAH GARDENS FL | City & State |
| Zip 33016 / Country USA | Zip 33024 / Country USA |

4. FEI Number 65-0930903 ☐ 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
Name DANIEL MAESTU - MOONLITE SIGN
Street Address (P.O. Box Number is Not Acceptable) 8320 NW 18 ST
City PEMBROKE PINES FL FL Zip Code 33024

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 _____ 5-10-2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DANIEL MAESTU<br>PRESIDENT<br>8320 NW 18 ST<br>PEMBROKE PINES FL 33024 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CAROL MAESTU<br>VICE PRESIDENT<br>8320 NW 18 ST<br>PEMBROKE PINES FL 33024 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (11/00)

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:** _____ 5/10/2001 (305) 821-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #