

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90209 022 \*\*\*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 N.W. 18TH STREET  
 PEMBROKE PINES FL 33024

00000073



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 (HOME) 8320 NW 18 ST  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 8320 NW 18 ST  
 Suite, Apt. #, etc.

**City & State**  
 Pembroke Pines

**City & State**  
 Pembroke Pines FL 33024

**4. FEI Number** 65-0930903

**Applied For**  
☐ Not Applicable

**Zip** 33024 **Country** USA

**Zip** 33024 **Country**

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

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

**MAESTU, DANIEL**  
 8320 NW 18TH STREET  
 PEMBROKE PINES FL 33024

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

**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, 2002 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MAESTU, DANIEL	8320 N.W. 18TH STREET	PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> SAME
VP	MAESTO, CAROL	8320 NW 18 ST	PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> SAME
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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

**Date** 4/1/2002 **Daytime Phone #**

CR2E034 (9/01)