

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90056 008 \*\*\*150.00

**DOCUMENT # P99000090639**

1. Entity Name  
**MOONLIGHTER USA, INC.**

Principal Place of Business 7350 N.W. 34 STREET MIAMI FL 33122	Mailing Address 7350 N.W. 34 STREET MIAMI FL 33122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>APPLIED FOR</b> <i>See attached.</i>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

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

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

**HEWITT, ROBERT M**  
**7350 N.W. 34 STREET**  
**MIAMI FL 33122**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD HEWITT, ROBERT M 13401 OLD SHERIDAN STREET FORT LAUDERDALE FL 33330</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** *Robert M Hewitt* **4/26/01 305-7921340**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Form **SS-4**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN \_\_\_\_\_  
OMB No. 1545-0003

*Attachment*

*BOU 8026*

*P99000090639*

**1** Name of applicant (legal name) (see instructions)  
**MOONLIGHTER USA, INC.**

**2** Trade name of business (if different from name on line 1) \_\_\_\_\_

**3** Executor, trustee, "care of" name \_\_\_\_\_

**4a** Mailing address (street address) (room, apt., or suite no.)  
**7350 NW 34TH STREET**

**4b** City, state, and ZIP code  
**MIAMI, FL 33122**

**5a** Business address (if different from address on lines 4a and 4b) \_\_\_\_\_

**5b** City, state, and ZIP code \_\_\_\_\_

**6** County and state where principal business is located  
**MIAMI-DADE, FLORIDA**

**7** Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶  
**ROBERT M. HEWITT**

**8a** Type of entity (Check only one box.) (see instructions)  
**Caution: If applicant is a limited liability company, see the instructions for line 8a.**

- Sole proprietor (SSN) \_\_\_\_\_
- Partnership \_\_\_\_\_
- REMIC \_\_\_\_\_
- State/local government \_\_\_\_\_
- Church or church-controlled organization \_\_\_\_\_
- Other nonprofit organization (specify) ▶ \_\_\_\_\_
- Other (specify) ▶ **CORPORATION**
- Personal service corp. \_\_\_\_\_
- National Guard \_\_\_\_\_
- Farmers' cooperative \_\_\_\_\_
- Estate (SSN of decedent) \_\_\_\_\_
- Plan administrator (SSN) \_\_\_\_\_
- Other corporation (specify) ▶ \_\_\_\_\_
- Trust \_\_\_\_\_
- Federal government/military \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated  
State **FLORIDA** Foreign country \_\_\_\_\_

**9** Reason for applying (Check only one box.) (see instructions)  
 Started new business (specify type) ▶ **CORP. SERVICES/ GENERAL PUBLIC**  
 Banking purpose (specify purpose) ▶ \_\_\_\_\_  
 Changed type of organization (specify new type) ▶ \_\_\_\_\_  
 Purchased going business \_\_\_\_\_  
 Created a trust (specify type) ▶ \_\_\_\_\_  
 Other (specify) ▶ \_\_\_\_\_

**10** Date business started or acquired (month, day, year) (see instructions)  
**JANUARY 1, 2001**

**11** Closing month of accounting year (see instructions)  
**DECEMBER 31**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) \_\_\_\_\_ ▶ **N/A**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) \_\_\_\_\_

Nonagricultural	Agricultural	Household
0	0	0

**14** Principal activity (see instructions) ▶ **SERVICES BUSINESS ON LINE**

**15** Is the principal business activity manufacturing? \_\_\_\_\_ Yes  No

**16** To whom are most of the products or services sold? Please check one box.  
 Public (retail)  Other (specify) ▶ \_\_\_\_\_  Business (wholesale)  N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? \_\_\_\_\_ Yes  No   
Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

**ROBERT M. HEWITT**  
Name and title (Please type or print clearly.) ▶ **PRESIDENT**

Business telephone number (include area code)  
**(305) 592-1340**  
Fax telephone number (include area code)  
**(305) 592-3591**

Signature ▶ *Robert M Hewitt* Date ▶ **4/26/01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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