

# 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**  
*See attached.*

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

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	<b>PSTD</b> <b>HEWITT, ROBERT M</b> <b>13401 OLD SHERIDAN STREET</b> <b>FORT LAUDERDALE FL 33330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/01 305-7921340*  
 Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

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  Personal service corp. \_\_\_\_\_

REMIC  National Guard \_\_\_\_\_

State/local government  Farmers' cooperative \_\_\_\_\_

Church or church-controlled organization \_\_\_\_\_

Other nonprofit organization (specify) ▶ \_\_\_\_\_ (enter GEN if applicable)

Other (specify) ▶ **CORPORATION**

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 <b>FLORIDA</b>	Foreign country
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**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

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ \_\_\_\_\_

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
<b>0</b>	<b>0</b>	<b>0</b>

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

**15** Is the principal business activity manufacturing? .....  Yes  No  
If "Yes," principal product and raw material used ▶

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

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