2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 08:00 AM DOCUMENT # P99000109551 Entity Name **Secretary of State** MOORE CAPITAL & MANAGEMENT, INC. Principal Place of Business Mailing Address 2901 S. BAYSHORE DR., STE, 10-A 2901 S. BAYSHORE DR., STE. 10-A FL FL MIAMI 33133 33133 2. Principal Place of Business 3. Mailing Address 2901 S. BAYSHORE DR., STE. 17-G 2901 S. BAYSHORE DR., STE. 17-G Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI 65-0973485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33133 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE DONALD PIERCE MOORE DONALD PIERCE 2901 S. BAYSHORE DR., STE. 10-A Street Address (P.O. Box Number is Not Acceptable) 2901 S. BAYSHORE DR., STE. 17-G MIAMI FL33133 City Zip Code MIAMI 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. DONALD PIERCE MOORE 04/23/2001 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 FILE NOW!!! FEE 15 \$130.00 ________After MAY 1, 2001 Fee will be \$550.00. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS TITLE ☐ Delete TITLE X Change ☐ Addition MAME MOORE DONALD NAME MOORE DONALD 2901 S. BAYSHORE DRIVE, STE 10-A STREET ADDRESS STREET ADDRESS 2901 S. BAYSHORE DRIVE, STE 17-G CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP 33133 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PTSD

04/23/2001

Daytime Phone #

Date

Donald P. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CR2E034 (11/00)