

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90012 045 ***150.00

DOCUMENT # S24229

1. Entity Name

EILEEN L. MOULY & ASSOCIATES, INC.
MOULY FINANCIAL MANAGEMENT, INC

Principal Place of Business

Mailing Address

290 NW 165 ST
PH2
N MIAMI BCH FL 33169
US

290 NW 165 ST
PH2
N MIAMI BCH FL 33169
US

2. Principal Place of Business

3. Mailing Address

290 NW 165 St
 Suite, Apt. #, etc.
Plaza 300

290 NW 165 St
 Suite, Apt. #, etc.
Plaza 300

City & State

City & State

N. MIAMI BEACH, FL

N. MIAMI BEACH, FL

Zip

Country

Zip

Country

33169 **US**

33169 **US**

4. FEI Number **65-0238076**

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

MOULY, EILEEN L
290 NW 165 ST
PH2
N MIAMI BCH FL 33169

Name
Same
 Street Address (P.O. Box Number is Not Acceptable)
290 NW 165 St
Plaza 300
 City
N MIAMI BEACH **FL** Zip Code
33169

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 Eileen L. Moully

Eileen Moully

1/11/01

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	<input type="checkbox"/> Delete
	D			
	MOULY, EILEEN L	290 NW 165 ST PH2	N MIAMI BCH FL	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D				
	MOULY, EILEEN	290 NW 165 ST - Plaza 300	N. MIAMI BEACH, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Eileen Moully **EILEEN L. MOULY, President**

Date

1/11/01 (305) 945-7000

Daytime Phone #

CR2E034 (10/00)