

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90010 006 ****61.25

DOCUMENT # N94000001505

1. Entity Name
MUJERES VALIENTES INC.

Principal Place of Business **Mailing Address**
318 W. BRIDGERS AVE **P.O. BOX 1855**
AUBURNDALE FL 33623 **AUBURNDALE FL 33823**

977040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-3242832** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZAPATA, ALICIA
255 S. SEMINOLE
LAKE ALFRED FL 33850

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGIVNEY, SISTER PEARL	
STREET ADDRESS	255 SO SEMINOLE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	GARCIA, BLANCA	
STREET ADDRESS	304 FERN ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MONDRAGON, CATALINA	
STREET ADDRESS	255 S SEMINOLE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZAPATA, ALICIA	
STREET ADDRESS	255 S SEMINOLE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alicia Zapata* *President*

CP2E037 (10/00)