

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90099 046 ***150.00

DOCUMENT # P01000007455
 1. Entity Name
GRUPO MUNDO, INC.

Principal Place of Business Mailing Address
18730 SEA TURTLE LN **18730 SEA TURTLE LN**
BOCA RATON FL 33498 **BOCA RATON FL 33498**



2. Principal Place of Business 3. Mailing Address
14504 SW 57th TERRACE **14504 SW 57th TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33183 **USA** **33183** **USA**

4. FEI Number Applied For
65-1078203 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ANDDREYNA WARMACK, MARIA
18730 SEA TURTLE LN
BOCA RATON FL 33498

7. Name and Address of New Registered Agent
 Name
MARIA ANDDREYNA WARMACK
 Street Address (P.O. Box Number is Not Acceptable)
14504 SW 57th TERRACE
 City State Zip Code
MIAMI **FL** **33183**

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]* DATE: **01/10/02**
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|--------------------------|---------------------|---------------------|-------------------------------------|
| D | ANDDREYNA WARMACK, MARIA | 18730 SEA TURTLE LN | BOCA RATON FL 33498 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|----------|-------------------------|-----------------------|-----------------|-------------------------------------|--------------------------|
| CHAIRMAN | MARIA ANDDREYNA WARMACK | 14504 SW 57th TERRACE | MIAMI, FL 33183 | <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"/> |

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: *[Signature]* DATE: **01/10/02** DAYTIME PHONE #: **305 383 7566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)