

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-02-2003 90063 039 ***150.00

DOCUMENT # H67799			
1. Entity Name MUSTANG CORPORATION			
Principal Place of Business 255 COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE FL 33308 US		Mailing Address 255 COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE FL 33308 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4442 SEA GRAPE DR Suite, Apt. #, etc.	
City & State		City & State LAUDERDALE BY THE SEA	
Zip		Zip 33308	
Country		Country BROWARD	
4. FEI Number 59-2553380		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CROQUET, MARC 255 COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name: M. SAN MIGUEL Street Address (P.O. Box Number is Not Acceptable): 4442 SEA GRAPE DR City: LAUDERDALE BY THE SEA FL Zip Code: 33308	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>M. San Miguel</i> DATE: 4/15/2003 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CAVENG, PHILIPPE STREET ADDRESS 255 COMMERCIAL BLVD SUITE 200 CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME CAVENG, FRANCOISE STREET ADDRESS 255 COMMERCIAL BLVD SUITE 200 CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <i>M. San Miguel</i>		3/28/2003 (454) 202-8621	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (10/02)