

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22920

1. Entity Name

MITALY MOLDS CORP.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90070 027 ***150.00

SP
160960

Principal Place of Business

13147 NW LEJEUNE RD
OPA LOCKA FL 33054

Mailing Address

13147 NW LEJEUNE RD
OPA LOCKA FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2096129

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GIROLAMO
DICEMBRINO, SIROLAMO
16417 SW 1ST
HOLLYWOOD FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

CP2E034 (9/01)

TITLE P
NAME DICEMBRINO, GIROLAMO
STREET ADDRESS 16417 S W 1ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Change Addition

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: *G. Dicembrino*

2/25/02

305
681-5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #