

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90129 004 ***158.75

DOCUMENT # F96000001748

1. Entity Name
MULDER COMMERCIAL LTD. CO.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
THE LAKE BLDG 1ST FLOOR
P.O. BOX 915
TORTOLA, BRITISH VIRGIN ISLA
OC

Mailing Address
P.O. BOX 140668
CORAL GABLES FL 33114-0668

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**
 Applied For
 Not Applicable

City & State

Zip Country

City & State

Zip Country

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

MJF REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES FL 33134

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 _____ (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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MANSFIELD, ABDIEL	
STREET ADDRESS	AVENDIA FEDERICO BOYD #33	
CITY-ST-ZIP	PANAMA 2 REP OF PANAMA	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANSFIELD, ABDIEL	
STREET ADDRESS	COLUMBUS CENTER ROAD TOWN	
CITY-ST-ZIP	TORTOLA, B.V.I.	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEDEZMA, HERIBERTO	
STREET ADDRESS	COLUMBUS CENTER ROAD TOWN	
CITY-ST-ZIP	TORTOLA, B.V.I.	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *Abdiel Mansfield* **Abdiel Mansfield, Director** 2/29/00 305-442-1567
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)