FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 09, 2001 8:00 am DOCUMENT # F9600001748 **Secretary of State** 1. Entity Name MULDER COMMERCIAL LTD. CO. 03-09-2001 90480 007 \*\*\*158.75 Principal Place of Business Mailing Address THE LAKE BLDG 1ST FLOOR P.O. BOX 140668 P.O. BOX 915 CORAL GABLES FL 33114 727794 TORTOLA, BRITISH VIRGIN ISLA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MJF REGISTERED AGENT CORP. Street Address (P.O. Box Number is Not Acceptable) 153 SEVILLA AVENUE CORAL GABLES FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. n CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition MANSFIELD, ABDIEL NAME NAME AVENDIA FEDERICO BOYD #33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA 2 REP OF PANAMA CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition MANSFIELD, ABDIEL NAME NAME **COLUMBUS CENTER ROAD TOWN** STREET ADDRESS STREET ADDRESS TORTOLA, B.V.I. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition LEDEZMA, HERIBERTO NAME NAME **COLUMBUS CENTER ROAD TOWN** STREET ADDRESS STREET ADDRESS TORTOLA, B.V.I. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Abdiel Marsfield

Daytime Phone #

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO