

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90132 011 \*\*\*150.00

**DOCUMENT # F96000001748**

1. Entity Name

**MULDER COMMERCIAL LTD. CO.**



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mansfield</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.</b> <b>Mansfield, Abdiel</b> <i>Mansfield</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Heriberto Ledezma</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Abdiel Mansfield, Director**

2-25-03 (305) 442-1567

Date

Daytime Phone #

CR2E034 (10/02)

Attachment # F96000001748

70022790

Law Offices

**MICHAEL J. FREEMAN, P.A.**

153 Sevilla Avenue

Coral Gables, Florida 33134-6006

Reply to:  
P.O. Box 140668  
Coral Gables, Florida 33114-0668

Tel: (305) 442-1567  
Fax: (305) 442-1227

February 25, 2003

Secretary of State  
Division of Corporations  
Uniform Business Report Filing  
P.O. Box #1500  
Tallahassee, Florida 32302-1500

Re: **MULDER COMMERCIAL LTD., CO.**  
**Document #F96000001748 (0)**

Gentlemen:

Enclosed please find the following documents for the above referenced corporation:

1. Executed 2003 Uniform Business Report
2. My office check #13621 in the amount of \$150.00 representing the filing fee.

Thank you for your courtesies in this matter.

Very truly yours,

  
MICHAEL J. FREEMAN

MJF:lc  
enc.