

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G56202**

1. Entity Name

MALDONADO CORPORATION

Principal Place of Business

**8101 SW 9TH PLACE
N. LAUDERDALE FL 33068**

Mailing Address

**3430 GALT OCEAN DR
#1503
FORT LAUDERDALE FL 33308-7018
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YAMANDU MALDONADO
3430 GALT OCEAN DR
STE 1503
FT LAUDERDALE FL 33308**

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

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, 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 **PD** ☐ Delete
NAME **MALDONADO, YAMANDU**
STREET ADDRESS **3430 GALT OCEAN DR STE 1503**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yamandu Maldonado

Date

Daytime Phone #

(954) 563-2942

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90067 004 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2313346**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2F034 (9/99)