


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90063 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H67799**

1. Entity Name  
**MUSTANG CORPORATION**



Principal Place of Business  
**255 COMMERCIAL BLVD  
 SUITE 200  
 FORT LAUDERDALE FL 33308  
 US**

Mailing Address  
**255 COMMERCIAL BLVD  
 SUITE 200  
 FORT LAUDERDALE FL 33308  
 US**



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

3. Mailing Address  
**4442 SEA GRAPE DR**  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**LAUDERDALE BY THE SEA**

City & State  
**LAUDERDALE BY THE SEA**

Zip  
**33308**

Country  
**BROWARD**

4. FEI Number **59-2553380**

Applied For  
 Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CROCQUET, MARC  
 255 COMMERCIAL BLVD  
 SUITE 200  
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent


Name  
**M. SAN MIGUEL**

Street Address (P.O. Box Number is Not Acceptable)  
**4442 SEAGRAPE DR**

City  
**LAUDERDALE BY THE SEA FL**

Zip Code  
**33308**

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  DATE **4/15/2003**

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVENG, PHILIPPE 255 COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CAVENG, FRANCOISE 255 COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE FL 33308	<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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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)(j), 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:  DATE **3/28/2003** (454) 202-8621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)