

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L93495**

1. Entity Name  
**MOLNAR VENTURES AND PROMOTIONS, INC.**

Principal Place of Business 8149 BLUESTAR CIRCLE  ORLANDO FL 32819 US	Mailing Address P O BOX 690596  ORLANDO FL 32869
--	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address 8149 BLUESTAR CIRCLE  Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32819	Country US

4. FEI Number <b>59-3068949</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**KIMBERLY A. MOLNAR**  
 8149 BLUESTAR CIRCLE  
  
 ORLANDO FL 32819 US

**7. Name and Address of New Registered Agent**

Name  
**MOLNAR KIMBERLY AP**

Street Address (P.O. Box Number is Not Acceptable)  
**8149 BLUESTAR CIRCLE**

City  
**ORLANDO FL** Zip Code  
**32819**

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 **KIMBERLY A. MOLNAR**

**07/17/2001**

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, 2001 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	
TITLE P	<input type="checkbox"/> Delete
NAME MOLNAR KIMBERLY A	
STREET ADDRESS 8149 BLUESTAR CIRCLE	
CITY-ST-ZIP ORLANDO FL	
TITLE VS	<input type="checkbox"/> Delete
NAME MOLNAR, ROBERT J.	
STREET ADDRESS 8149 BLUESTAR CIRCLE	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **Kimberly A. Molnar**

P

07/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)