

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90178 003 ****70.00

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DOCUMENT # N94000001505

1. Entity Name

MUJERES VALIENTES INC.

Principal Place of Business

Mailing Address

318 W. BRIDGERS AVE
 AUBURNDAL FL 33823

P.O. BOX 1855
 AUBURNDAL FL 33823

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

59-3242832

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ZAPATA, ALICIA
255 S. SEMINOLE
LAKE ALFRED FL 33850

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MCGIVNEY, SISTER PEARL ☐ Delete
 STREET ADDRESS 255 SO SEMINOLE
 CITY-ST-ZIP LAKE ALFRED FL 33850

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

TITLE TRD ☒ Delete
 NAME GARCIA, BLANCA
 STREET ADDRESS 304 FERN ROAD
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE TRD ☒ Change ☒ Addition
 NAME MARIA GONZALEZ
 STREET ADDRESS 822-26th ST NW
 CITY-ST-ZIP WINTER HAVEN FL

TITLE VPD ☒ Delete
 NAME MONDRAGON, CATALINA
 STREET ADDRESS 255 S SEMINOLE
 CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE VPD ☒ Change ☒ Addition
 NAME CARMEN DIAZ
 STREET ADDRESS 221 ADAMS ST
 CITY-ST-ZIP AUBURNDAL FL 33823

TITLE SD ☐ Delete
 NAME ZAPATA, ALICIA
 STREET ADDRESS 255 S SEMINOLE
 CITY-ST-ZIP LAKE ALFRED FL 33850

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
 NAME ESTELA RAMIREZ
 STREET ADDRESS 211 MCKEAN ST
 CITY-ST-ZIP AUBURNDAL FL 33823

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SISTER PEARL MCGIVNEY 4/15/02

Date

Daytime Phone #

863 965 8857

CR2E037 (9/01)