

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002384

1. Entity Name

MISSION GUANAJA, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90045 008 ****61.25

Principal Place of Business

Mailing Address

7481 W. OAKLAND PARK BLVD., STE. 207
FT. LAUDERDALE FL 33319

7481 W. OAKLAND PARK BLVD., STE. 207
FT. LAUDERDALE FL 33319-4943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

City & State

4. FEI Number

65-0875994

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOUKLE, LINDA
7481 W. OAKLAND PARK BLVD., STE. 207
FT. LAUDERDALE FL 33319

Name: Fouke

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

Ste 205

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

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|----------------------|-----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | Linda Fouke | 11750 NW 14th St. | Plantation FL 33323 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | Phil Vandemeir | 27163 W McGee Ave | Lacombe LA 70445 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | Christopher Pride | 8236 Sachalie Dr S. | Salem OR 97306 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | Cynthia Bridges | 5808 E. Grand Court | Baton Rouge, LA 70812 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | J Franklin Sands | 2281 Lee Rd. Ste 104 | Winter Park, FL 32789 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <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 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

3/1/00

954-572-1902

Date

Daytime Phone #