

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008806

1. Entity Name

MOLINTOURS, INC.

Principal Place of Business

~~426 SW 17 AVE~~
MIAMI FL 33135

Mailing Address

~~426 SW 17 AVE~~
MIAMI FL 33135

2. Principal Place of Business

425 SW 17 Avenue

3. Mailing Address

425 SW 17 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

651008235

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

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

MOLINA, JUAN G

~~426 SW 17 AVE~~

MIAMI FL 33135

Name

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

425 SW 17 Avenue

City

Miami

FL

Zip Code

33135

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS ~~426 SW 17 AVE~~
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 425 SW 17 Avenue
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan G. Molina

4-11-01

Date

305-649-8811

Daytime Phone #

0164978

CR2E034 (10/00)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90068 017 ***150.00

742184



DO NOT WRITE IN THIS SPACE