

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/0

FILED**Mar 27, 2001 8:00 am**
Secretary of State

03-02-2001 90118 014 ***150.00

DOCUMENT # P00000031341

1. Entity Name

MUNDO EXPRESS, INC.

Principal Place of Business

**7812 W. SAMPLE ROAD
CORAL SPRINGS FL 33065**

Mailing Address

**7812 W. SAMPLE ROAD
CORAL SPRINGS FL 33065**

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

65-1003150

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HENAO, CARLOS M
7812 W. SAMPLE ROAD
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

PIEDRAHITA, MARIA GIRLESA

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

7812 W. SAMPLE RD.

City

CORAL SPRINGS

FL

Zip Code

33065

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

Clara G. Piedrahita

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/27/01

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 checked="" type="checkbox"/> Delete |
| NAME | HENAO, CARLOS M | |
| STREET ADDRESS | 115 SWAN PARKWAY EAST | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | PIEDRAHITA, GIRLESA | |
| STREET ADDRESS | 115 SWAN PARKWAY EAST | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| 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 | | |
| 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 | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIEDRAHITA, MARIA GIRLESA | |
| STREET ADDRESS | 7812 W. SAMPLE RD. | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSADA JULIANA | |
| STREET ADDRESS | 7812 W. SAMPLE RD. | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| 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)(f), 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:

Clara G. Piedrahita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/27/01

Daytime Phone #

CR2004 (10/00)