


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90082 047 \*\*\*158.75

**DOCUMENT #** P00000048517

**1. Entity Name**  
MOLDECO U.S.A., INC.



**Principal Place of Business**  
8200 N.W. 10TH ST., SUITE 1  
MIAMI FL 33126

**Mailing Address**  
8200 N.W. 10TH ST., SUITE 1  
MIAMI FL 33126

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**



CHECK HERE IF MAKING CHANGES

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

ROZO, BAUDILIO MESA  
8200 N.W. 10TH ST., SUITE-1  
MIAMI FL 33126

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

**Name**  
MESA, BAUDILIO

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

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|   |  |                                 |
|---|--|---------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br>MESA, BAURILIO<br>8200 N.W. 10TH ST., SUITE 1<br>MIAMI FL 33126            | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>DE LA ESPIRELLA P, KATHIA<br>8200 N.W. 10TH ST., SUITE 1<br>MIAMI FL 33126 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>MEZA KE LA E, KATHIA E<br>8200 N.W. 10TH ST., SUITE 1<br>MIAMI FL 33126    | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>ROZO, CARLOS MEZA<br>8200 N.W. 10TH ST., SUITE 1<br>MIAMI FL 33126         | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>MEZA DE LA E, MARIA C<br>8200 N.W. 10TH ST., SUITE 1<br>MIAMI FL 33126     | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>MEZA, JOSE F<br>8200 N.W. 10TH ST., SUITE 1<br>MIAMI FL 33126              | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |  |  |
|---|--|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br>MESA, BAUDILIO<br>8200 N.W. 10TH ST, SUITE 1<br>MIAMI FL 33126         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>MEZA DE LA E, MARIA F.<br>8200 N.W. 10TH ST, SUITE 1<br>MIAMI FL 33126 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>MEZA DE LA E, KATHIA.<br>8200 N.W. 10TH st, SUITE 1<br>MIAMI FL        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <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 607, 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 REQUIRED**      01-APRIL-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)