2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050668

1. Entity Name
Funeraria Nacional Mambi Inc

Principal Place of Business
6555 NW 36st Suite 114
Miami Fla 33166

Mailing Address

FILED
01 MAY 24 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6555 NW 36 St			
Suite, Apt. #, etc. #114		Suite, Apt. #, etc.	
City & State Miami		City & State	
Zip 33174	Country USA	Zip	Country

4. FEI Number 65-Applied FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Kennedy, R. III

7. Name and Address of New Registered Agent
Name Kennedy, R III
Street Address (P.O. Box Number is Not Acceptable) 6555 NW 36st #114
City Miami FL Zip Code 33166

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] 4-30-01
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) ☐

[illegible] Check Payable [illegible] Department of [illegible]

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	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Kennedy, Delia		NAME		
STREET ADDRESS	6555 NW 36st #114		STREET ADDRESS		
CITY-ST-ZIP	Mia Fla 33166		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	700004324447 -05/29/01--01011--004 ***1200.00 ****150.00	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E031 (11/00)

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: Delia Kennedy 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR