

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000058899**1. Entity Name
DISCO MUNDO CORPORATION**Principal Place of Business**

451 WEST SILVER STAR RD

OCOE
34761

FL

Mailing Address

451 WEST SILVER STAR RD

OCOE
34761

FL

2. Principal Place of Business

455 WEST SILVER STAR RD

3. Mailing Address

PO BOX 640

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCOE

FL

City & State

OCOE

FL

4. FEI Number**59-3653011**

Applied For

Not Applicable

Zip
34761

Country

Zip
34761

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CENDEJAS ROBERTO C**
451 WEST SILVER STAR RDOCOE
34761

FL

7. Name and Address of New Registered Agent**Name****CENDEJAS ROBERTO C****Street Address (P.O. Box Number is Not Acceptable)****1241 VIZCAYA LAKE RD****101**City
OCOE**FL**Zip Code
34761

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 **ROBERTO C CENDEJAS****01/05/2001**

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**

TITLE	DS	<input type="checkbox"/> Delete
NAME	CENDEJAS MARIA	
STREET ADDRESS	451 WEST SILVER STAR RD	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CENDEJAS ROBERTO C	
STREET ADDRESS	451 WEST SILVER STAR RD	
CITY-ST-ZIP	OCOE FL 34761	
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENDEJAS MARIA	
STREET ADDRESS	1241 VIZCAYA LAKE RD., 101	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENDEJAS ROBERTO C	
STREET ADDRESS	1241 VIZCAYA LAKE RD., 101	
CITY-ST-ZIP	OCOE FL 34761	
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		
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)(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: ROBERTO C. CENDEJAS**PRES****01/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)