

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90051 020 \*\*\*158.75

**DOCUMENT # P00000058899**

**1. Entity Name**  
**DISCO MUNDO CORPORATION**

**Principal Place of Business**  
**455 WEST SILVER STAR RD**  
**OCOE FL 34761**

**Mailing Address**  
**PO BOX 640**  
**OCOE FL 34761**

**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** **59-3653011**

**Applied For**  
**Not Applicable**

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

DO NOT WRITE IN THIS SPACE



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

**CENDEJAS, ROBERTO C**  
**1241 VIZCAYA LAKE RD**  
**101**  
**OCOE FL 34761**

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

**Name** **ROBERTO C. CENDEJAS**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1001 COASTAL CIRCLE**  
**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** *Robert C Cendejas*

**DATE** **3/4/2002**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE** **DP** ☐ **Delete**  
**NAME** **CENDEJAS, ROBERTO C**  
**STREET ADDRESS** **1241 VIZCAYA LAKE RD., 101**  
**CITY-ST-ZIP** **OCOE FL 34761**

**TITLE** **DS** ☐ **Delete**  
**NAME** **CENDEJAS, MARIA**  
**STREET ADDRESS** **1241 VIZCAYA LAKE RD., 101**  
**CITY-ST-ZIP** **OCOE FL 34761**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **DP** ☐ **Change** ☐ **Addition**  
**NAME** **ROBERTO C CENDEJAS**  
**STREET ADDRESS** **1001 COASTAL CIRCLE**  
**CITY-ST-ZIP** **OCOE FLORIDA 34761**

**TITLE** **DS** ☐ **Change** ☐ **Addition**  
**NAME** **MARIA CENDEJAS**  
**STREET ADDRESS** **1001 COASTAL CIRCLE**  
**CITY-ST-ZIP** **OCOE FL 34761**

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

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

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

**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 life empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/4/02**  
**Date**

**(407) 877-2665**  
**Daytime Phone #**

CR2E034 (9/01)