FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State
06-04-2002 90221 017 ***150.00

DOCUMENT # P00000066646

1. Entity Name

Mond O SALES INC

DO NOT WRITE IN THIS SPACE

868766

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
205 WORTH AVENUE		
Suite, Apt. #, etc.: 307 C	Suite, Apt. #, etc.	
City & State: PALM BEACH FL	City & State	4. FEI Number: 65-1023442 ☐ Applied For ☐ Not Applicable
Zip: 33480 Country: USA	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	JOAO P. MIGNOT
STREET ADDRESS	3715 KENSINGTON STREET
CITY-ST-ZIP	HOLLYWOOD FL 33202
TITLE	D
NAME	FRANCOIS ONEGLIA
STREET ADDRESS	5480 EGRET LAKES LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33412
TITLE	S
NAME	PHILIPPE-BRIAN
STREET ADDRESS	205 WORTH AVENUE - SUITE 307 C
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	
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CITY-ST-ZIP	

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CR2E054B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ FRANCOIS ONEGLIA (561) 725 9268

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