

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90112 040 ***150.00

DOCUMENT # **P00000079221**

1. Entity Name

MLINDIAL CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3371 N 20th St

337 20th

#211

#211

MIAMI BEACH

MIAMI BEACH

33139

U.S.

33139

US

4. FEI Number **65-1033438**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ERNESTO CORTES**

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

337 20th St #211

City **MIAMI BEACH**

FL

Zip Code **33139**

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

2-15-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME **ERNESTO CORTES**
STREET ADDRESS **337 20th St #211**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE
NAME **MARIA MONSAIVE**
STREET ADDRESS **337 20th St #211**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNESTO CORTES

2-15-03 305 5328444

Date

Daytime Phone #

CR2E034B (12/02)