

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109315

1. Entity Name

MOLANO HOLDINGS CUATRO, INC.

Principal Place of Business

Mailing Address

1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE FL 33301

1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE FL 33301

2. Principal Place of Business

1203 N University Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Zip
33071

Country
U.S.

Zip

Country

4. FEI Number

65-1058987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ROMNEY C
1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Charles M. Kramer

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

Victoria Park Centre, Suite 300

1401 East Broward Boulevard

City

Fort Lauderdale

FL

Zip Code

33301

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, 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 \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOLANO, MARCOS
1203 NORTH UNIVERSITY DRIVE
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED

01 JUN 19 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4/30/01 90025 029-150