

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90027 008 ***150.00

DOCUMENT # P00000110450

1. Entity Name
MLC & SON, INC.

Principal Place of Business

~~3301 S ORANGE BLOSSOM TRAIL~~
KISSIMMEE FL 32714

Mailing Address

~~3301 S ORANGE BLOSSOM TRAIL~~
KISSIMMEE FL 32714



2. Principal Place of Business

3. Mailing Address

10344 STONE GLEN DRIVE

10344 STONE GLEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3684272

Applied For

Not Applicable

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSA, LUIS

~~13426 FAIRWAY GREEN DR APT 204~~

ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

LUIS ROSA

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

10344 STONE GLEN DRIVE

ORLANDO

City

FL

Zip Code

32825

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

Maria L. Carrion (MARIA L. CARRION)

1/22/02

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, 2002 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 **P** ☐ Delete
 NAME **ROSA, LUIS E**
 STREET ADDRESS **13426 FAIRWAY GREEN DRIVE, #204**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **TS** ☐ Delete
 NAME **CARRION, MARIA L**
 STREET ADDRESS **13426 FAIRWAY GREEN DRIVE, #204**
 CITY-ST-ZIP **ORLANDO FL 32824**

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 **P** ☒ Change ☐ Addition
 NAME **LUIS E. ROSA**
 STREET ADDRESS **10344 STONE GLEN DRIVE**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32825-8534**

TITLE **T/S** ☒ Change ☐ Addition
 NAME **MARIA L. CARRION**
 STREET ADDRESS **10344 STONE GLEN DRIVE**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32825-8534**

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 persons empowered.

SIGNATURE:

Maria L. Carrion (MARIA L. CARRION)

1/22/02 407277 7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)