

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90116 016 ***150.00

DOCUMENT # P01000003186

1. Entity Name

MENDEZATION & MENDEZOL FOOD TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 523271

3. Mailing Address
P.O. BOX 523271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number 65-0902678

Applied For
Not Applicable

Zip
33152

Country
U.S.

Zip
33152

Country
U.S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

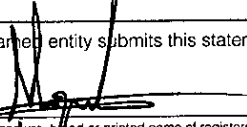
Name
MENDEZ, ALEJANDRO

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

7250 N.W. 70TH STREET

City **MIAMI** **FL** **Zip Code** **33166**

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  **ALEJANDRO MENDEZ**

04/07/2002

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) ☒

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MENDEZ, ALEJANDRO
7250 N.W. 70TH STREET
MIAMI, FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
GUERRA, LUISA F.
7250 N.W. 70TH STREET
MIAMI, FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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: 

ALEJANDRO MENDEZ

04/07/2002

(305) 447-7242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)