

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
 02-27-2002 90311 005 ***150.00

DOCUMENT # P01000005749

1. Entity Name
MUNDO NEGRIN, INC.

Principal Place of Business

~~13201 SW 2ND STREET~~
~~MIAMI FL 33184~~

Mailing Address

~~13201 SW 2ND STREET~~
~~MIAMI FL 33184~~

2. Principal Place of Business

1924-26 W. 60 Street

3. Mailing Address

8550 W. Flagler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Miami, FL

Zip

Country

33012 USA

Zip

Country

33144 USA

4. FEI Number

65-1091765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEGRIN, SALVADOR
~~13201 SW 2ND STREET~~
~~MIAMI FL 33184~~

7. Name and Address of New Registered Agent

Name **Negrin, Salvador**
 Street Address (P.O. Box Number is Not Acceptable)
1924-26 W. 60 Street
 City **Hialeah** FL Zip Code **33012**

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, 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	D	<input type="checkbox"/> Delete
NAME	NEGRIN, SALVADOR	
STREET ADDRESS	13201 SW 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEGRIN, JOSE M	
STREET ADDRESS	13201 SW 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEGRIN, RUBEN	
STREET ADDRESS	13201 SW 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Negrin, Salvador	
STREET ADDRESS	1924-26 W. 60 STREET	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADA Dominguez	
STREET ADDRESS	1924-26 W. 60 STREET	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1924-26 W. 60 STREET	
STREET ADDRESS	Hialeah, FL 33012	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: SIG REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02 (305) 5585055

Date

Daytime Phone #

CR2E034 (9/01)