

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000005749**
 Name

Mundo Negrin, Inc.

Place of Business
1924-26 W. 60 St. Hialeah, FL 33012
 Mailing Address
8550 W. Flagler St. Miami, FL 33144

1. Place of Business
 2. Mailing Address
 3. Mailing Address
 Suite, Apt. #, etc.
 State City & State
 Country Zip Country

**Amended
 Annual Report**

02 APR 30 AM 11:53

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4. FEI Number **651091765** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Negrin, Salvador
1924-26 W. 60 St.
Hialeah, FL 33012
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

RE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
 Corporation is eligible to satisfy its intangible filing requirement and elects to do so. (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

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------|---|---|--|
| ESS | PT Negrin, Salvador 1924-26 W. 60 St. Hialeah, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. P. S Negrin, Salvador 1924-26 W. 60 St. Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ESS | S Negrin, Ruben 1924-26 W. 60 St. Hialeah, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000005501110--0 -05/09/02--01058--025 *****61.25 *****61.25 |
| ESS | D Dominguez Ada 1924-26 W. 60 St. Hialeah, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ESS | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| ESS | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 stated 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 required, or on an attachment with an address, with all other like empowered.

CR2E034 (9/01)