

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90099 046 \*\*\*150.00

**DOCUMENT # P01000007455**

1. Entity Name  
**GRUPO MUNDO, INC.**

Principal Place of Business  
**18730 SEA TURTLE LN**  
**BOCA RATON FL 33498**

Mailing Address  
**18730 SEA TURTLE LN**  
**BOCA RATON FL 33498**

2. Principal Place of Business  
**14504 SW 57TH TERRACE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**14504 SW 57TH TERRACE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-1078203**

Applied For  
 Not Applicable

Zip  
**33183** Country  
**USA**

Zip  
**33183** Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**ANDREYNA WARMACK, MARIA**  
**18730 SEA TURTLE LN**  
**BOCA RATON FL 33498**

## 7. Name and Address of New Registered Agent

Name  
**MARIA ANDREYNA WARMACK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14504 SW 57TH TERRACE**  
 City **MIAMI** FL Zip Code **33183**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/10/02**

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** ☒ Delete  
 NAME **ANDREYNA WARMACK, MARIA**  
 STREET ADDRESS **18730 SEA TURTLE LN**  
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHAIRMAN** ☒ Change ☐ Addition  
 NAME **MARIA ANDREYNA WARMACK**  
 STREET ADDRESS **14504 SW 57TH TERRACE**  
 CITY-ST-ZIP **MIAMI, FL 33183**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: *[Signature]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/10/02** **305 383 7566**  
 Date Daytime Phone #

CR2E034 (9/01)