

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90020 047 ***150.00

DOCUMENT # P01000019299

1. Entity Name
MOLCO CORPORATION

Principal Place of Business
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
✓ 1155 BRICKELL BAY DR

3. Mailing Address
✓ 1155 BRICKELL BAY DR

Suite, Apt. #, etc.
APT # 2406

Suite, Apt. #, etc.
APT # 2406

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1102383

Applied For
 Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H. ESQ.
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
✓ JUANA MOLINARI
 Street Address (P.O. Box Number is Not Acceptable)
1155 BRICKELL BAY DR.
APT. 2406.
 City **MIAMI** **FL** Zip Code **33131**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINARI, ENRICO G 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Enrico G. Molinari, President & Director

2/15/02 305-394-4732

CP2E034 (9/01)