

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90477 036 ***150.00

DOCUMENT # P01000050798

1. Entity Name

MOLLEDA CORP.



DO NOT WRITE IN THIS SPACE

20005413

2. Principal Place of Business
4851 N.W. 103RD AVENUE

3. Mailing Address
4851 N.W. 103RD AVENUE

Suite, Apt. #, etc.
SUITE 44 B

Suite, Apt. #, etc.
SUITE 44 B

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FLORIDA

City & State
SUNRISE, FLORIDA

4. FEI Number
65-1107919

Applied For
Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

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

7. Name and Address of Current Registered Agent

Name
FIDEL MACEDA

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

4851 N.W. 103RD AVENUE, SUITE 44 B

City
SUNRISE

FL

Zip Code
33351

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
FIDEL MACEDA GARCIA
4851 N.W. 103RD AVENUE, SUITE 44 B
SUNRISE FLORIDA 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
FERNANDO MACEDA GARCIA
4851 N.W. 103RD AVENUE, SUITE 44 B
SUNRISE FLORIDA 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-03

Date

Daytime Phone #

954 9023105

CR2E034B (12/02)