## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR P01000055592 **DOCUMENT #**

1. Entity Name

SUPER JUNIOR MUNDIAL, INC.



Principal Place of Business 17399 S.W. 21 COURT MIRAMAR FL 33029

Mailing Address 17399 S.W. 21 COURT 250 BIRD ROAD SUITE 302 MIRAMAR FL 33029

2. Principal Place of Business		3. Mailing Addres	s		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

## **FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90168 049 \*\*\*150.00



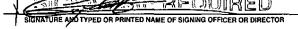
☐ CHECK HERE IF MAKING CHANGES

City & State		City & State	······································	4. FEI Number APPLIED FOR Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent		
			Name			
LOPEZ, JOSEPH F ESQ 250 BIRD ROAD, SUITE 302			Street A	Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABL	ES FL 33146					
4. 198 1			City	FL Zip Code		
the obligations	ned entity submits this statem of registered agent.	<u> </u>	nging its registered office or (NOTE: Registered Agent signate	registered agent, or both, in the State of Florida. I am familiar with, and accept e required when reinstating)		
After Ma	NOW!!! FEE IS \$150.00 by 1, 2003 Fee will be \$55	0.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		

|ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE CESPEDES, HUMBERTO NAME NAME STREET ADDRESS 17399 S.W. 21 COURT STREET ADDRESS MIRAMAR FL 33029 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Date

Daytime Phone #