

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90351 012 ***158.75

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DOCUMENT # P01000101683

1. Entity Name
GLODEL WEST COAST, CORP.

Principal Place of Business
18740 S.W. 357TH STREET
FLORIDA CITY FL 33034

Mailing Address
18740 S.W. 357TH STREET
FLORIDA CITY FL 33034



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
18740 S.W. 357 St
 Suite, Apt. #, etc.
Florida City, FL 33034
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
65114 3629

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

6. Name and Address of Current Registered Agent
MENDOZA, GLORIA
18740 S.W. 357TH STREET
FLORIDA CITY FL 33034

7. Name and Address of New Registered Agent
 Name **Gloria H. Mendoza**
 Street Address (P.O. Box Number is Not Acceptable)
18740 S.W. 357 St.
Florida City FL 33034
 City **FL** Zip Code **33034**

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 *Gloria H. Mendoza*
 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. ☐
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MENDOZA, GLORIA 18740 S.W. 357TH STREET FLORIDA CITY FL 33034 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gloria H. Mendoza*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *April 15, 2002* Daytime Phone #

CR2E034 (9/01)