

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91760 004 ***150.00

DOCUMENT # P01000118295

1. Entity Name
MUNDO DIGITAL, INC.

Principal Place of Business
325 PLACID LAKE DRIVE
SANFORD FL 32773

Mailing Address
325 PLACID LAKE DRIVE
SANFORD FL 32773

2. Principal Place of Business
325 Placid Lake Dr.
 Suite, Apt. #, etc.

3. Mailing Address
325 Placid Lake Dr.
 Suite, Apt. #, etc.

City & State
Sanford FL
Zip 32773
Country Seminole

City & State
Sanford FL
Zip 32773
Country Seminole

4. FEI Number
59-3758885

Applied For
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

JUAREZ, MARIO D
325 PLACID LAKE DRIVE
SANFORD FL 32773

7. Name and Address of New Registered Agent.
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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

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

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JUAREZ, MARIO D	
STREET ADDRESS	325 PLACID LAKE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JUAREZ, OLGAO L	
STREET ADDRESS	325 PLACID LAKE DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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:

(President)
 SIGNATURE OF REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 **407 808-4529**
 Date Daytime Phone #