

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90313 002 ***150.00

0060710 AV

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
4760 Ohio ave
Suite, Apt. #, etc.

3. Mailing Address
4760 Ohio ave
Suite, Apt. #, etc.

City & State
Sanford FL
Zip
32771
Country
USA

City & State
Sanford FL
Zip
32771
Country
USA

4. FEI Number
59-3758885

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JUAREZ, MARIO D
325 PLACID LAKE DRIVE
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name
Juarez, Mario D
Street Address (P.O. Box Number is Not Acceptable)
4760 Ohio ave
City
Sanford **FL** Zip Code
32771

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
**PTD
JUAREZ, MARIO D
325 PLACID LAKE DRIVE
SANFORD FL 32773** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
JUAREZ, OLGAO L
325 PLACID LAKE DRIVE
SANFORD FL 32773** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

4-10-2003

407-808-4529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)