

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91164 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119338
1. Entity Name
MUNDIAL SERVICES CORP.

9401 NW 106 ST. #103 9401 NW 106 ST. #103
MIAMI, FL 33178 MIAMI, FL 33178

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

DO NOT WRITE IN THIS SPACE

BALLESTAS & ASSOCIATES, INC.
7730 SW 68TH
MIAMI, FL 33143

4. FL Number <u>80-0002720</u>	Applied for Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current 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 _____
Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	TITLE	NAME
SIRLLI ADDRESS	SIRLLI ADDRESS	SIRLLI ADDRESS	SIRLLI ADDRESS
CITY ST ZIP	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
<u>DIP</u>	<u>FLEY, YOLANDA</u>		
<u>9401 NW 106 ST #103</u>	<u>MIAMI, FL 33178</u>		
<u>D/V</u>	<u>FLEY, HELEON</u>		
<u>9401 NW 106 ST. #103</u>	<u>MIAMI, FL 33178</u>		
<u>D/S</u>	<u>FASY, THERESA</u>		
<u>9401 NW 106 ST #103</u>	<u>MIAMI, FL 33178</u>		
<u>D/T</u>	<u>FASY, JOHN SR.</u>		
<u>9401 NW 106 ST #103</u>	<u>MIAMI, FL 33178</u>		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Daytime Phone: _____

CR2E034B (12/01)