

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119675

1. Entity Name
MEXICAN CRAFT IMPORTS & EXPORTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 15 AM 10:00

Principal Place of Business
1192 NW 9TH ST
HOMESTEAD FL 33030

Mailing Address
1192 NW 9TH ST
HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 60-0000361

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINGO, MORGUJA
1192 NW 9 STREET
HOMESTEAD FL 33030

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input type="checkbox"/> Delete
NAME	MURGUJA, DOMINGO	
STREET ADDRESS	1192 NW 9TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MURGUJA, ARACELY	
STREET ADDRESS	1192 NW 9TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/10/11 Filing Phone #

CR2E034 (10/02)

112



12/11/03 01014 003 165.00

☐ CHECK HERE IF MAKING CHANGES

12/15

242

Miami, Florida
October 3, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P91000119675
MEXICAN CRAFT IMPORTS & EXPORTS INC.
1192 NW 9 STREET
HOMESTEAD, FL 33030

FD
perpetration
Cat

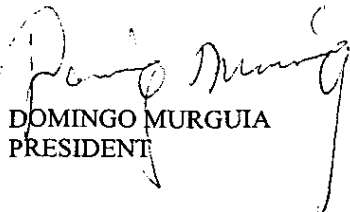
To Whom It May Concern:

Upon our conversation I'm mailing the Corporation Reinstatement Form and copy of the request form to US Postal Office to research about the money order purchased on 08/25/03 for the amount of \$165.00 as replacement payment of check #1050.

I request to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,


DOMINGO MURGUIA
PRESIDENT