

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90216 025 ***150.00

DOCUMENT # P02000003420

1. Entity Name
MYRDTOGO, INC.



Principal Place of Business
19151 N W 23RD COURT
PEMBROKE PINES FL 33029

Mailing Address
19151 N W 23RD COURT
PEMBROKE PINES FL 33029



2. Principal Place of Business
11471 W. Sample Rd.
Suite, Apt. #, etc. Suite 37

3. Mailing Address
11471 W. Sample Rd.
Suite, Apt. #, etc. Suite 37

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL
Zip 33065 Country USA

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CORAL SPRINGS, FL
Zip 33065 Country USA

4. FEI Number 30-0020564
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEGARRA, MAGDALINE
19151 N W 23RD COURT
PEMBROKE PINES FL 33029

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

SIGNATURE Magdaline Segarra DATE 2/10/03
(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	SEGARRA, MAGDALINE	
STREET ADDRESS	19151 N W 23RD COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLAS, CHRISTINE	
STREET ADDRESS	4031 NW 106 DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEWIS, SHARON	
STREET ADDRESS	8600 NW 56 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOECHNER, DIANE	
STREET ADDRESS	4824 NE 23RD AVE # 10	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGARRA, MAGDALINE	
STREET ADDRESS	19151 NW 23RD COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
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		

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: Magdaline Segarra DATE 2/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)