

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90728 025 \*\*\*150.00

**DOCUMENT #** P02000010162

1. Entity Name

MUJICA TECHNOLOGIES INC.



Principal Place of Business

14201 S W KENDALL DRIVE, #D-306  
MIAMI FL 33186

Mailing Address

14201 S W KENDALL DRIVE, #D-306  
MIAMI FL 33186

2. Principal Place of Business

13971 S.W. 140 ST.

Suite, Apt. #, etc.

3. Mailing Address

13971 S.W. 140 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA.

Zip

33186

Country

USA

4. FEI Number

80-0036267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MUJICA, ALBERTO

14201 S W KENDALL DRIVE, #D-306

MIAMI FL 33186

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

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

TITLE PST  
NAME MUJICA, ALBERTO  
STREET ADDRESS 14201 S W KENDALL DRIVE, #D-306  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE V.P.  
NAME MUJICA, ANTONIO  
STREET ADDRESS 13971 S.W. 140 ST.  
CITY-ST-ZIP MIAMI FL-33186 ☐ Delete

TITLE TREA SEUR  
NAME MUJICA, TONY  
STREET ADDRESS 13971 S.W. 140 ST.  
CITY-ST-ZIP MIAMI FL-33186 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUJICA

3/5/03 (786) 573-0000

Date

Daytime Phone #

CR2E034 (10/02)