

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91785 023 ***150.00

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DOCUMENT # P02000033145

1. Entity Name

MUNDIAL GENERAL SERVICES, CORP.



Principal Place of Business

**6210 SW 8 ST
MIAMI FL 33014**

Mailing Address

**6210 SW 8 ST
MIAMI FL 33014**

2. Principal Place of Business

4589/91 NW 7 ST

Suite, Apt. #, etc.

3. Mailing Address

4589/91 NW 7 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

Zip

33126

Country

4. FEI Number

01-0644771

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

QUINTERO, PABLO J

6210 SW 8 ST

MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

QUINTERO, PABLO J

Street Address (P.O. Box Number is Not Acceptable)

4589/91 NW 7 ST

City

MIAMI

FL

Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/03

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	DP	<input type="checkbox"/> Delete
NAME	QUINTERO, PABLO J	
STREET ADDRESS	6210 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	DV	<input type="checkbox"/> Delete
NAME	QUINTERO, JOHANNA	
STREET ADDRESS	6210 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33014	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO PABLO J	
STREET ADDRESS	4589/91 NW 7 ST	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO JOHANNA	
STREET ADDRESS	4589/91 NW 7 ST	
CITY-ST-ZIP	MIAMI, FL 33126	
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		
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:

Pablo Quintero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

Daytime Phone #

CR2E034 (10/02)