

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90004 017 ***150.00

DOCUMENT # *P02000077147*

1. Entity Name

MONDOM GROUP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11631 SW 10th ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

Zip

33025

Country

BROWARD

Zip

Country

4. FEI Number

27-0029268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dompkowski, Monica R.

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

11631 SW 10th ST.

City

PEMBROKE PINES

FL

Zip Code

33025

**DO NOT WRITE
IN THIS SPACE**

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.)

5/31/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Dompkowski, Monica R.
11631 SW 10th ST.
PEMBROKE PINES, FL. 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
Dompkowski, Richard J.
11631 SW 10th ST.
PEMBROKE PINES, FL. 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
Longenbach, Michele
11631 SW 10th ST.
PEMBROKE PINES, FL. 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/31/04

Daytime Phone #

CR2E034B (12/02)

Attachment

P02000077147

54056784

Dear Sue

I had an accident and broke my leg and shoulder in the confusion of all the trauma I lost the corporation papers so I sent a letter in the beginning of April explaining my situation I asked for them to send me new papers I did not hear from them so I called and a few days ago I got the form so I wanted to let you if was not my fault I was late I had tried a while ago to get the form

Thanks
Richard Thompson

They told me to send \$150.00 Thank you for your assistance.