FILED
Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 90724 045 ***150.00

5/5

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55045779

[redacted]

DOCUMENT # P02000107917

1. Entity Name
BANCA MUNDO CORP.

Principal Place of Business
18646 N.W. 67 AVE
MIAMI LAKES, FL 33015 US

Mailing Address
18646 N.W. 67 AVE
MIAMI LAKES, FL 33015 US

2. Principal Place of Business: 8200 NW 41 ST SUITE 175
Suite, Apt. #, etc.:
City & State: MIAMI FLORIDA
Zip: 33166 Country: USA

3. Mailing Address: 8200 NW 41 ST
Suite, Apt. #, etc.: SUITE 175
City & State: MIAMI FLORIDA
Zip: 33166 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 010748793 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MONTERROSA, ALEJANDRO J
19645 N.W. 67 AVE.
MIAMI LAKES, FL 33015

7. Name and Address of New Registered Agent
Name: MONTERROSA, ALEJANDRO J.
Street Address (P.O. Box Number is Not Acceptable): 8200 NW 41 ST SUITE 175
City: MIAMI FL Zip Code: 33166

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: ALEJANDRO J. MONTERROSA STREET ADDRESS: 6541 SW 163 CT CITY-ST-ZIP: MIAMI, FL 33193	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VICE PRESIDENT NAME: JUAN C. RIVERA STREET ADDRESS: 9012 NW 147TH TERR CITY-ST-ZIP: MIAMI FL 33018	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Alejandro Jose Monterrosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #