

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90072 006 ***158.75

0053391 AV

DOCUMENT # P02000129329

1. Entity Name

TONY MENDOZA FACADES, INC.



Principal Place of Business

**4911 SW 87TH COURT
MIAMI FL 33165**

Mailing Address

**4911 SW 87TH COURT
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

611436649

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDOZA, PHILLIP

**4911 SW 87TH COURT
MIAMI FL 33165**

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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
**PSD
MENDOZA, PHILLIP
4911 SW 87TH COURT
MIAMI FL 33165** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
MENDOZA, LINA
4911 SW 87TH COURT
MIAMI FL 33165** ☐ Delete

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

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☐ 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
SIGNATURE: PHILLIP MENDOZA 8/21/03 305.595.5486

Date

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT
P02000129329
80141975

Tony Mendoza Facades, Inc.
4911 Southwest 87th Court
Miami, Florida 33165

305-595-5486

305-793-9134

tonymendoza@bellsouth.net

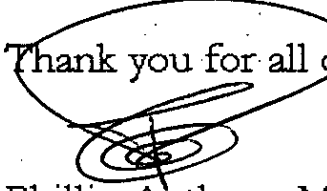
To : Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re : 2003 For Profit Corporation (UBR)
Document # P02000129329
Waive of penalty request

As instructed in referenced form we are informing said agency that we did not receive prior notice of filing fee. Thus we are submitting original fee \$150.00.

Please feel free to contact undersigned in case you need additional information.

Thank you for all considerations.


Phillip Anthony Mendoza
President