2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90071 023 ***150.00

DOCUMENT # P93000057730 ✓

00057599

1. Entity Name
Mendoza Holdings, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
95 Merrick Way Suite 518 Coral Gables, FL 33134	95 Merrick Way Suite 518 Coral Gables, FL 33134

2. Principal Place of Business	3. Mailing Address
95 Merrick Way	95 Merrick Way
Suite, Apt. #, etc.: Suite 518	Suite, Apt. #, etc.: Suite 518
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 13-4260718 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JENSEN,
8550 NW 17TH ST, SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: TROND S. JENSEN
Street Address (P.O. Box Number is Not Acceptable): 95 MERRICK WAY
SUITE 518
City: CORAL GABLES **FL** Zip Code: 33134

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.

SIGNATURE: T.S. Jensen TROND S. JENSEN 5-1-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SAFFE, F. DANIEL 95 MERRICK WAY, SUITE 518 CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAFFE, F. DANIEL 95 MERRICK WAY, SUITE 518 CORAL GABLES FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSTD JENSEN, TROND S. 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD JENSEN, TROND S 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GLAS, RICARDO 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLAS, RICARDO 95 MERRICK WAY, SUITE 518 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. *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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: T.S. Jensen TROND S.