

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044392

1. Entity Name
MUNDIMEX CO.

FILED

02 OCT -7 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



Principal Place of Business
5209 NW 74 AVE
SUITE 212
MIAMI FL 33166

Mailing Address
5209 NW 74 AVE
SUITE 212
MIAMI FL 33166

2. Principal Place of Business
8801 SW 192 ST.
Suite, Apt. #, etc.

3. Mailing Address
84-10 MAIN ST #602
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip 33166 Country

City & State
JAMAICA, NY
Zip 11435 Country

4. FEI Number 11-2893580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

APODACA, EMANUEL D
8801 SW 192 ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00 - \$160
After September 13, 2002 Fee will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAWISTOWSIA, STEFAN	
STREET ADDRESS	8410 MAIN ST	
CITY-ST-ZIP	JAMAICA NY 11435	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300008518743	
STREET ADDRESS	10/22/02--01094--001	
CITY-ST-ZIP	**150.00	
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		

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 information empowered.

SIGNATURE: *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
To: Div. of Corporations Doc. # 994000044392 9/12/02
125573
FR: STEFAN ZAWISTOWSKI, President of Munchinex

AS PER MY CONVERSATION WITH DIANE THIS IS TO
CONFIRM THAT DUE TO ADDRESS CHANGE WE
DID NOT RECEIVE THE 1-ST FILING FORM &
I AM SUBMITTING ALSO AS PER HER INSTRUCTION.

~~THE ADDRESS CHANGES THAT ARE CORRECT ARE~~
REFLECTED ON THIS FORM.

KIND REGARDS STEFAN Zawistowski
[Signature]