

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90292 022 ***150.00

DOCUMENT # P95000002482

1. Entity Name
MOLNAR SUPPLIES, INC.

Principal Place of Business

18256 POLO MEADOW DRIVE
 HUMBLE TX 77346-8147
 US

Mailing Address

¹⁸⁵²⁶
 18256 POLO MEADOW DRIVE
 HUMBLE TX 77346-8147
 US

00031848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 N Sam Houston Pkwy. E

3. Mailing Address

18526 Polo Meadow Dr.

Suite, Apt. #, etc.

Suite # 280

Suite, Apt. #, etc.

City & State

HOUSTON, TX

City & State

HUMBLE, TX

4. FEI Number

65-0569477

Applied For

Not Applicable

Zip

77060-4018

Country

USA

Zip

77346-8147

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M ESQ.
100 S.E. 2ND ST.
STE. 3700
MIAMI FL 33131

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.

SIGNATURE _____

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, 2001 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

TITLE **PSD** Delete
 NAME **VERA, SUSANA**
 STREET ADDRESS **18526 POLOMEADOW DR**
 CITY-ST-ZIP **HUMBLE TX 77346**

TITLE **Vice-president** Delete
 NAME **LUIS VERA**
 STREET ADDRESS **18526 POLO MEADOW DR.**
 CITY-ST-ZIP **HUMBLE, TX 77346**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

04/11/01 (281) 448-3288

Date

Daytime Phone #

CR2E034 (10/00)