

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90211 010 \*\*\*150.00

1207961 AV

**DOCUMENT # P95000036223**

1. Entity Name  
**MUNDO ELECTRONICS, INC.**



Principal Place of Business  
**7225 NW 25TH ST  
203  
MIAMI FL 33126**

Mailing Address  
**7225 NW 25TH ST  
203  
MIAMI FL 33126**

**70009341**



2. Principal Place of Business  
**6401 SW 106th ST.  
Suite, Apt. #, etc.**

3. Mailing Address  
**6401 SW 106th ST.  
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PINECREST, FL.**  
Zip  
**33156** Country  
**USA**

City & State  
**PINECREST, FL.**  
Zip  
**33156** Country  
**USA**

4. FEI Number  
**65-0593153**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KASSEM, ABBAS  
7150 SW 100 STREET  
PINECREST FL 33156**

**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

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>P HIJAZI, HASSAN A</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1501 BELLA VISTA AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	CITY-ST-ZIP	
	<b>VP</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADNAN, HIJAZI</b>	NAME	
STREET ADDRESS	<b>13835 SW 67 PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	CITY-ST-ZIP	
	<b>ST</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KASSEM, ABBAS I</b>	NAME	
STREET ADDRESS	<b>7150 SW 100 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PINECREST FL 33156</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/2003**

Date

Daytime Phone #