

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094476

1. Entity Name

MR. BAG, CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90082 019 ***150.00

Principal Place of Business

7740 W 2ND COURT
BAY #2
HIALEAH FL 33014
US

Mailing Address

7740 W 2ND COURT
BAY #2
HIALEAH FL 33014-6125
US

2. Principal Place of Business

P.O. Box 5413

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5413

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-0643859

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

U.S.A.

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

TROIA, RICCARDO
7740 W. 2ND COURT
BAY #2
HIALEAH FL 33014

Name

TROIA RICCARDO

Street Address (P.O. Box Number is Not Acceptable)

8080 NW 71 ST.

City

MIAMI

FL

Zip Code

33166

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, 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

TITLE	PV	<input type="checkbox"/> Delete
NAME	TROIA, RICCARDO	
STREET ADDRESS	7740 W. 2ND COURT #2	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	DAO TROIA, ISABEL	
STREET ADDRESS	7740 W. 2ND COURT #2	
CITY-ST-ZIP	HIALEAH FL 33014	
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	IV.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROIA RICCARDO	
STREET ADDRESS	8080 NW 71 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
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		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)