

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000437

1. Entity Name

MULDOON WAREHOUSE II, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90035 046 \*\*\*150.00

Principal Place of Business  
1384 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33309

Mailing Address  
1384 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3831 NE 26 AVE

Suite, Apt. #, etc.

3. Mailing Address

3831 NE 26 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT FL

Zip

33064

Country

USA

City & State

LIGHTHOUSE POINT FL

Zip

33064

Country

USA

4. FEI Number

65-0642745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULDOON, TIMOTHY J  
3831 NE 26TH AVENUE  
LIGHTHOUSE POINT FL 33064

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 PS  
NAME RIESGO, CATHERINE  
STREET ADDRESS 1382 WEST MCNAB ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL ☒ Delete

TITLE V  
NAME MULDOON, TIMOTHY J  
STREET ADDRESS 1382 WEST MCNAB ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PSV  
NAME MULDOON, TIMOTHY J  
STREET ADDRESS 3831 NE 26 AVE  
CITY-ST-ZIP LIGHTHOUSE PT FL 33064 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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)(l), 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 (10/00)